



ALPHARETTA ARTS CENTER INSTRUCTORS / PRESENTERS APPLICATION

NAME _____

WHAT CLASSES DO YOU WISH TO TEACH?

ADDRESS _____

CITY _____

STATE _____ ZIP _____

EMAIL ADDRESS _____

PHONE # _____

AND/OR WHAT SPECIAL WORKSHOPS/SEMINARS?

CELL PHONE # _____

URL TO VIEW PORTFOLIO, TEACHING/WORKSHOP
VIDEOS (IF AVAILABLE / APPLICABLE),

I AM INTERESTED IN::

AFFILIATIONS (CLUBS, ARTS SOCIETIES, ETC.)?

TEACHING A SEMESTER CLASS

LEADING A SEMINAR SERIES

OFFERING A SPECIAL 1/2 DAY OR
FULL DAY WORKSHOP

AVAILABILITY:

START DATE? _____

HOSTING A SPECIAL PRESENTATION

DAY(S) PREFERRED _____

OTHER: _____

AVAILABLE FOR EVENINGS? YES NO

AVAILABLE FOR WEEKENDS? YES NO

BEST TIME TO REACH YOU? _____ AM _____ PM

Please submit this form AND your resume to:

Toby Smallwood, CPRP, Cultural Arts Supervisor, Alpharetta Arts Center,

tsmallwood@alpharetta.ga.us

Office: 678.297.6165 | Fax: 678.297.6161