

THE LINDSAY GALLERY INC.

**INSTRUCTOR AGREEMENT**

Date:

Instructor's Name:

**Full Mailing Address:**

**Place:**

**Postal Code:**

**Phone:**

**Email:**

Course Name:

**Student Level:**

**Minimum number:**

**Maximum:**

**Start Date:**

**Time:**

**End Date:**

\_\_\_\_\_ **Course Outline/Description attached.**

**Location:**

**Room Set Up:**

**Student supply requirements:**

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Instructor's Fee: \_\_\_\_\_ hours at \$ 35.00 per hour = \$

Paid at completion of workshop or classes, except for 6-8 week courses:

Payment Schedule Date: \_\_\_\_\_ for \$ \_\_\_\_\_

Date: \_\_\_\_\_ for \$ \_\_\_\_\_

**Class Cancellation Policy:** I understand that if the number of paid registrations 5 days prior to date of class/workshop is below the agreed minimum number of students, the course may be cancelled.

*Please sign and return one copies of this Agreement to the Gallery*

\_\_\_\_\_  
*(Instructor's signature)*      *Date:* \_\_\_\_\_      \_\_\_\_\_  
*(on behalf of the Gallery)*