

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:

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))