

2015 Visual Arts, Crafts, Sewing and Textiles Workshop

Session Proposal and Information Form

Kettunen Center-October 17-18, 2015

Return to Connie Lange lange@anr.msu.edu or fax 517-278-5064 by JUNE 15, 2015.

Call 517-279-4311 or 517-617-8516 with questions.

PLEASE INCLUDE A PICTURE OF YOUR COMPLETED PROJECT THAT WE CAN INCLUDE IN THE COURSE DESCRIPTION.

Session Title: _____

Instructor: _____

Complete Mailing Address: _____

Email Address: _____

Daytime phone: _____ Evening Phone: _____

Are you a registered leader? ____ If so, what county? _____ Will your county cover Kettunen Center fees? ____

Session Description:

What will your session participants do/learn? This is a three to four sentence description of your session. Include skill level needed for your session in the description (beginning, intermediate or advanced)

Session Participants:

Please list your minimum and maximum number of participants for your session.

Maximum _____ Minimum _____

Session Time:

How much time do you need to teach your session? Check the amount of time that best fits your teaching needs?

1.5 hours ____ 2.5 hours ____ 3 hours ____ 3.5 hours ____

Session Budget Estimate: Estimated cost of supplies \$ _____ per person

Estimate the total cost for special supplies that you will need to purchase for your session; this can be your best guess. Don't include the items such as white or colored copy paper, newsprint, marker or the cost of copying handouts. (This will be the fee charged for the class.) Instructors can include a supply list for participants to purchase on their own and bring to the workshop. Please include this supply list in the session description.

Life Skills in sessions: Please check all that apply to your class.

Leadership ____ Citizenship ____ Entrepreneurship ____ Career skills ____ Science skills ____

Not sure; would need help with this ____.

A goal of the workshop sessions is for participants to learn how leadership, citizenship, entrepreneurship, career development, science skill development or other life skills can be a part of their projects. Please check one or more of the following that would fit with your session. Extension staff is willing to assist instructors or visit the class to do this for your session. Please share

any thoughts you may have on ways to incorporate these or other life skills into your session:

Indicate your session room needs: (check all that apply)

Tables ____

Chairs ____

Easel ____ & Newsprint ____

Screen ____

CD player ____

DVD player ____

TV Monitor & projector ____

(please bring your own laptop)

Access to water ____

Extension cord/power strip ____

Other ____

Preferred room set-up: (Describe set-up or draw if you have a preference for how tables, chairs, etc. are arranged)

Supply Needs:

I need the following basic supplies: (ex: scissors, rulers, paint brushes, colored pencils, crayons, construction paper, white paper (indicate size) flip chart paper, etc)

Handouts:

I need handouts printed for my session _____. (I will send or email forms to langec@anr.msu.edu by October 1.)

Housing:

MSU will register and pay all instructors' costs for regular housing (Saturday night) and all meals (Saturday and Sunday). Other options are available for a fee.

Please mark your housing option/meal options below:

_____ **I will not need any lodging (Indicate below if you need any meals at Kett)**

_____ **I will use regular housing (Aspen, Birch and Cedar).** All costs for Aspen, Birch and Cedar will be covered for workshop instructors for Saturday night. (All meals are included)

_____ I will stay Friday night lodging in Aspen, Birch and Cedar is \$34.00 (includes Saturday am continental breakfast)

_____ **I will upgrade my lodging and pay the additional cost. (limited availability)**

_____ Red Oak, Extra cost 21.00/Saturday night

_____ I will stay Friday night in Red Oak cost is \$59.50 (includes Saturday am continental breakfast)

_____ White Pine, Extra cost-\$9.00/Saturday night

_____ I will stay Friday night in White Pine is \$47.50 (includes Saturday am continental breakfast)

Roommate preference _____ County: _____

Only Meals: (I am not staying at Kettunen Center but will need meals.)

_____ **I will not need any meals.**

_____ Breakfast, October 18

_____ Lunch October, 18

_____ Dinner, October 18

_____ Breakfast, October 19

_____ Lunch, October 19

Special dietary needs _____

Other needs:

*****You will be able to take sessions before or after your classes. When the Program Announcement is available let me know what sessions you would like to take. We ask you to cover any session fees charged for those sessions.*****

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Thank you!!!!