Universal Proposal Form

This form must be the first inside page for each proposal. For ease in identifying your proposal, place a picture, line drawing or other visual representation of your class on the cover of your folder. You may copy this form as needed.

Teacher Name:___________________________________ Embroidery Technique: _________________________________

Class Title: ________________________________________________________________________________________

Type of Project:  ____Design and/or Color Class ____Set Project ____Notebook ____Other (Explain.)

1. Teaching Time:  ____One Day  ____Two Day  ____Four Day  ____Half Day  ____Other (Specify.)

2. Student Level:  ____Basic Level ____Advanced Intermediate (Check One)  ____Basic Intermediate ____Advanced
   ____Intermediate ____All

3. Project Dimensions (if applicable) Design Size:  ______________ Overall Size:  ______________

4. Ground Material: _________________________________________________________________

5. List threads and other materials used: _________________________________________________
   ______________________________________
   ______________________________________
   ______________________________________

6. Will student have a choice of threads, colors, etc.?  ____Yes  ____No
   If yes, please explain.

7. Estimated Kit Cost:  $  _____  (U.S. dollars)
   Please check either:
   _____ Cost is for complete kit. (Student may still supply stretcher bars – please note below.)
   _____ Student must purchase/supply the following additional project materials (list):
   ______________________________________
   ______________________________________
   ______________________________________
   Student should also supply:  ____Usual Stitching Supplies  ____Stretcher Bars, size ___” x ___”

8. Teacher Will Supply:  ____materials as listed in item 5, noted above.
   ____partial kit as noted below. Student supplies noted in item 7.
   ______________________________________
   ______________________________________

9. Audio/Video Equipment Needed: _______________________________________________________

10. Other special classroom needs: _______________________________________________________

11. Pre-stitching Required:  ____Yes  ____No  Approximate number of hours:  ______

12. Has this project ever been accepted by another seminar, sold commercially or taught?  ____No
   ____Yes, (If yes, please elaborate.)

13. Where can you be reached by telephone during (organization inserts meeting dates here)?  
   ______________________________________

14. Signature: ____________________________________   Date: _____________________________
   Address:  ________________________________________________________________________
   Home Telephone: _______________________   Work Telephone: _________________________
   FAX #: _____________________________