



Instructor Reimbursement Form

Class Name: _____ Date of Instruction: _____

Number of Attendees: _____. Class cost per student: _____

Amount owed teacher: _____. (Number of attendees x class cost per student x .80%)

Address to send payment: _____

Street / city / state / zip code

Please share any feedback that will help us do a better job at art education at Gallery 302.
(communications, classroom size, overall facilities)

Would you be willing to teach this class again? _____ (yes or no) When _____ (Month-Year)

Any other art related subject matter you'd like to teach _____

Thank you for your services.

Please mail this form to the attention of "Treasurer/ Gallery 302" at the address below.