



# *Sammamish* BOTANICAL GARDEN SOCIETY

## Instructor Information

**Full Name:**

**Mailing Address:**

**Daytime Phone:**

**Email Address:**

**Best time and method of contact:**

## Class Proposal

**Class Title:**

**Category:**

Children's

Garden Arts and Crafts

Horticulture

Edibles/Organics

Basic Gardening

Seasonal

Family

**Estimated Length in Hours:**

(The majority of workshops are 1-3 hours, which includes time for Q&A.)

**Format:**

Hands-on

Lecture

Demonstration

23708 SE 18<sup>th</sup> Street, Sammamish, WA 98075

[www.sammamishbotanical.org](http://www.sammamishbotanical.org)

[info@sammamishbotanical.org](mailto:info@sammamishbotanical.org)

The SBGS is a 501(c)(3) nonprofit organization.

**Target Audience, including age:**

(For youth, please specify one or more of the following – Toddler, PreK, 5-7, 5+, 8-12, 8+, 12+)

What is the minimum and maximum number of participants you would like to participate?

**Class Description:**

(This will be used for promotional materials, so you will want to write this as a public facing description.)

**Instructional materials and equipment:**

(Please specify the materials and equipment you will provide and any materials or equipment you would request that SBGS provide.)

**Please list several class goals.** After taking this class or workshop, participants will be able to do or understand the following:

**What is your fee,** if any, for teaching this class?

**What is the cost** for any supplies not provided by you? Please itemize materials and costs.

Please tell us about **your experience or qualifications** to teach this class.

Please list any **professional affiliations.**

Please provide the name, phone number and email address for **two references.**

