Please submit any class proposals to Rockford Art Museum on this form. Please fax to 815.316.2179 (attn: Stacey), or e-mail to ssauer@rockfordartmuseum.org.

Rockford Art Museum/Rock Valley College Community and Continuing Education Courses

Instructor Name: _____

Address:

_____

Phone Number: _____

E-mail: _____

Previous Teaching Experience: _____

Semester (i.e. Fall, Winter/Spring, Summer): _____

Class Title: _____

Target Ages: _____

Class Duration (i.e. 1 hour): _____

Class Frequency (i.e. twice a week): _____

Course Description: _____