



**TULEBURG PRESS**  
**TEACHER / WORKSHOP**  
**APPLICATION FORM**

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**CONTACT INFORMATION:**

NAME

EMAIL ADDRESS

PHONE #

WEBSITE

ADDRESS

SOCIAL MEDIA

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1. TITLE: \_\_\_\_\_

2. PROPOSED DATES: \_\_\_\_\_ TO \_\_\_\_\_

M	<input type="checkbox"/>	T	<input type="checkbox"/>	W	<input type="checkbox"/>	TH	<input type="checkbox"/>
F	<input type="checkbox"/>	S	<input type="checkbox"/>	SU	<input type="checkbox"/>	S/SU	<input type="checkbox"/>

3. CLASS FEE: \_\_\_\_\_ \$

4. # OF STUDENTS:

MINIMUM \_\_\_\_\_

MAXIMUM \_\_\_\_\_

5. AGE AND SKILL RANGE: \_\_\_\_\_

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ATTACH SEPRATELY

6. DESCRITPION OF CLASS/CONTENT

7. MATERIALS LIST & SPECIAL EQUIPMENT/FACILITY NEEDS

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PLEASE SUBMIT COMPLETED FORM  
BY MAIL OR IN PERSON AT

343 E MAIN STREET, 101  
STOCKTON, CA 95202