

Our VOICE Client Workshop Proposal

Class Name: _____

Facilitator Name: _____

Address: _____

Phone: _____

Email: _____

Brief Summary of Class Type (*example – writing, collage, poetry, jewelry, etc.*):

Frequency and Duration of Class (*example – two days, 90 minutes each*):

Facilitator Biography (*facilitation experience and relevant training*):

Class Intent/Goals (*both for the Facilitator and for the participant*):

Longer Class Description (*to be used for class promotion; please include examples of prompts you may use to encourage participation*):

Please complete this form and email it to arts@ourvoicenc.org, fax it to (828) 252-8601
or send it by mail to Arts at Our VOICE 44 Merrimon Avenue Asheville, NC 28801