



Noosa Arts & Crafts

**Wallace House
1 Wallace Drive
Noosaville 4566**

Thank for your workshop enquiry. Please complete the questions below and we will present your proposal to the Management Committee for approval.

Your name

ABN:

Workshop Title:

Day of the week?:

Session length:

hrs.

Duration:

weeks

Preferred dates:

Payment Preferences: Set your own fee

or 85% of takings

If your own fee: \$

Max No. of participants:

I have attached a flyer:

Materials required list:

Materials supplied?

Description of participants likely to be interested in your workshop:

This information will be used to establish how much to charge members (eligible for a discounted rate) and non-members. Initially we may call for expressions of interest to gauge the likelihood of filling the workshop before allocating rooms and setting dates and times.

Please return the completed form to create@noosaartsandcrafts.org.au

Kind regards

Jean Elson
Office Co-ordinator
NSACA