

# Workshop and Class Proposal

All use of Meadow Path Healing Arts & Yoga Center and its resources require pre-approval by the Board of Directors. All workshops offered to the public must be approved by the BOD.

Please complete the following information:

Today's date \_\_\_\_\_ Center member: Yes \_\_\_\_\_ No \_\_\_\_\_

Your name \_\_\_\_\_

Organization (if any) \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_

Proposed Workshop or Class (Include title, a short description, # of hours, audience, cost, materials fee (if any), other important information) Use the back side, if needed.

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Your qualifications to facilitate this offering

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Proposed dates & times \_\_\_\_\_

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Board Review Date \_\_\_\_\_ Approved: Yes \_\_\_\_\_ No \_\_\_\_\_

Board Member \_\_\_\_\_

Board Member \_\_\_\_\_

