

# Photography West Workshop Instructor Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Workshop Title: \_\_\_\_\_ Level \_\_\_\_\_  
Beg/Int/Adv/All/ other

*Preferred*  
Date/Day/Time: \_\_\_\_\_

Workshop Description:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Open to mentees/ duplicated Mentor Program topic? Yes No (circle one)

Number of students: Min. \_\_\_\_\_ Max. \_\_\_\_\_

Items/ equipment students should bring to class:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Equipment/ supplies needed for workshop supplied by Photography West:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments/ Notes:

Please attach any handouts that will be given to students at workshop. (if available/ applicable)

Return application to: Marcella Jones [mjijlj@cox.net](mailto:mjijlj@cox.net) 623-584-3076  
20230 N. 124 Drive SCW, AZ 85375