Chesapeake Bay Decorative Painters Sail Away **PROJECT SUBMISSION FORM**

Teacher Name:		email:		
Address:				
City:		State	: Zip:	
Project Title:	Phone:			
Is this design your own or o	lo you own the cop	oyright? Yes No	(attach Copyr	right Statement)
Name of Designer/copyrigh	nt holder:			
CLASS LENGTH	2-hr 3-h	nr4-hr	6-hr	
Do you expect to finish the If no, please explain:	is project in class?	Yes No		
Surface/Materials Fee: \$		(Do not include the class	fee)	
MINIMUM number of st	udents you will tea	ach (Max	ximum is 20)	
	ht at slow pace with te	ce with some assistance)	deadline if the c Yes, until:	students after the lass is not full?
Medium used:		Surface De	escription:	canvas, paper, etc. and type)
If the pattern is not traced	on the surface plea	ase explain why:		
Project Dimensions:	(length) x	(width) x	(height) or	(diameter)
Specific supplies require		beyond basic supplies):		
Extras included in Mate	rials fee:			
Items NOT included in t	he Materials fee:			
Specific classroom requi	rements (extra table	e, easel, etc.):		
Do you have any class sc	heduling preferen	ices?		
If this project is not select the teacher's convenience selected by the membersh	when libraries ava	ilable in the Severna	Park/Glen Burnie	
Weekday Paint-ir	held in the spring	and fall: Yes	No	
Summer Paint-in	held on a Saturday	y in July/August: Ye	s No	_