**WYOMING STATE QUILT GUILD
QUILT WYOMING 20\_\_\_
July \_\_ - \_\_, 20\_\_, [City], Wyoming**

**QUILT WYOMING TEACHER CONTRACT**

***This is a flat fee contract. No additional expenses, including transportation, lodging accommodations, or meals will be paid by the Wyoming State Quilt Guild, except for your entrance fee to trunk shows (if held). [Modify if paying mileage.]***

Teacher’s Name (for name tag):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Legal Name (if different):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Social Security No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Classes will be held July \_\_ and \_\_, 20\_\_ at [location]. Specific dates and times of your class(es) will be determined later.*** If a minimum class size is not met, class will be cancelled.

Class title #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Skill Level: Beginner Intermediate Advanced All Levels 1 Day Fee: $\_\_\_.00

Class title #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Skill Level: Beginner Intermediate Advanced All Levels 1 Day Fee: $\_\_\_.00

Attached is a **Teacher Guideline** sheet relating to copyright issues, material fees, supply lists, and sales of items in Quilt Wyoming classes. Listed are related forms to be completed and returned.

***The following should be returned to \_\_\_\_\_\_\_\_\_\_ by January \_\_, 20\_\_*:**

1. One copy of the signed Contract Biography & Class Information Room Set-Up Requirements

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature of Teacher

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please submit this form to: [Regional Teacher Chair Name]
 [Address]
 [City, State, Zip]
 [Phone \_\_\_\_\_\_\_\_ ]
 [e-mail: \_\_\_\_\_\_\_\_]