

Please read the WLC Application Information Packet before completing this application.

Application to Teach/Present
The Whole Life Center at Shadow Rock
12861 N. 8th Avenue, Phoenix, AZ 85029

Name	Email	Date
Street Address, City, State and Zip		Best Phone
Emergency Contact	Relationship	Phone

Proposed Class Title & Description:

How I see my class facilitating WLC's values of wholeness, community, healing and/or inspiration.

Professional Qualifications/Affiliations:

Credentials: Please attach a copy --OR Check here if the WLC already has a copy

References: Personal and professional --OR Check here if the WLC already has them.

Name	Relationship	Phone
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Availability and terms:

- I see this as a one-session class lasting _____ hour(s).
- I see this as a series of _____ classes lasting _____ hour(s) each.

I am available to teach/present this offering:

- Weekday evenings (Preferred evenings are _____)
- Saturday mornings
- Weekday mornings (Preferred mornings are _____)
- Afternoons (Preferred afternoons and times are _____)

I am interested in the following financial arrangement with the center:

- Splitting enrollment fees with the Center
(80% to teacher/presenter, 20% to WLC)

Total Per person enrollment fee _____ Minimum enrollment # _____
- Renting classroom space from the Center
(see Application Information Packet for rates)

Applicant's Name/Signature _____

Title of Proposed Class: _____

Date: _____

Please save your completed application on your computer using your name as the filename, and then attach it to an email message addressed to Judy Schwiebert, WLC Director, at

globaljudy@cox.net or Judy@wlcsr.org

or mail it to her at

The Whole Life Center

Shadow Rock Church

12861 N. 8th Avenue

Phoenix, AZ 85029

You may contact Judy with questions at 602-769-5149.

For Office Use Only

Approved for Contract & Scheduling

WLC Selection Committee Initials 1. _____ 2. _____ 3. _____

Date _____