



DQN MEMBER APPLICATION FOR “LET’S LEARN”		
COURSE TITLE:		
YOUR NAME:		DATE SUBMITTED:
PHONE	EMAIL	
TEACHING FEE: Yes, I’ll accept terms based on \$35/hour No, this is my required fee: _____		
DESCRIBE THE COURSE (This is what will appear on the website, so make it interesting!)		
LENGTH OF CLASS 3 hrs 4 hrs 6 hrs		SKILL LEVEL Beginner Intermediate Advanced
PREFERRED DAY(S)	PREFERRED TIME(S)	MAX # OF STUDENTS
PREFERRED LOCATION OR AREA , e.g., Northwest, Henderson, Summerlin, central LV:		
Pattern and/or Book Purchase Required?	How much? \$	How do they get these supplies?
Please attach a supply list. Include any special supplies required and/or machine requirements.		
If you have a picture, please attach a jpg.		
DESCRIBE YOUR TEACHING EXPERIENCE ON THIS SUBJECT:		

Print out and return completed form or fill it out and save it with your name and return to dqnprograms@gmail.com.