

PROJECT DATA SHEET

Complete 1 for each project

EDUCATOR: _____

PROJECT TITLE: *Limit 15 letters and spaces*

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For Office Use Only	
Educator #	_____
Class #	_____
Day	_____
Time	_____
Room	_____

New Project? (yes)____(no)____
 Previously published in book, magazine e-magazine, e-club or packet? (yes)____(no)____ If so when? _____
 Previously taught? (yes)____(no)____ If so when? _____ Where? _____
 Is this pattern of your own design or do you own the copyright? (yes)____(no)____ (If not, ATTACH PERMISSION SLIP from the author or copyright holder as required by the educator's convention contract.)

CLASS LENGTH ____ 2 Hour ____ 4 Hour ____ 6 Hour If the pattern is not traced on the surface, please explain why (excludes WC).	WILL YOU USE AUDIO VISUAL EQUIPMENT ? YES ____ NO ____	
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SKILL LEVEL *Mark the level with an X*

- B Beginning (taught at a slow pace with educator assistance)
- I Intermediate (taught at a moderate pace with some assistance)
- A Advanced (taught at a faster pace with little assistance)
- IS Intense Study (for the very advanced painter in the medium presented)

If the project is an Intense Study, explain why it is an Intense Study class as opposed to a regular 2, 4, or 6 hour class.

MEDIUM USED _____ **TYPE OF SURFACE** _____
(oil, acrylic, gouache, dye, watercolor, Heritage or Traditions etc.) (canvas, wood, paper, etc.)

PROJECT SURFACE FUNCTION _____
(3 words or fewer, i.e. tissue box, shelf, bird house, etc.)

OVER-ALL DIMENSIONS _____
(Length/width/depth/diameter)

\$ _____ **Class Surface Fee (not including sales tax)**

Heart of Ohio Tole, Inc. will add the tax, the educator fee and the HOOT class fee to the surface fee.

Extras included in the price: _____
(i.e. candle, ribbon, gold leaf, mat, clockworks, frame hardware, colored pencils, any brushes, etc.)

Items in photo NOT included in the price: _____

SPECIAL BRUSHES & SUPPLIES NEEDED BY THE STUDENT (include only items beyond the basic supplies)