

VALLEY OF THE SUN ARTISTS
TEACHER'S CONTRACT FOR MONTHLY PAINT-IN PROGRAMS 2026

We thank you for agreeing to teach for our Valley of the Sun Artists Club, monthly paint-in program. We look forward to a mutually successful and creative relationship, in coordinating your upcoming class. Please complete your information below. Any questions, please feel free to contact Program Chair at bottom of page.

I _____ agree to teach on _____ from 10:00 AM-2:00 PM (Arizona Time).

Project Piece (Brief Description) _____

Are you the designer? YES/NO. Do you have permission to teach both in person and on Zoom with recording? YES/NO

Name of Designer: _____

Please include copy of designer's permission (email or screen shot) to teach to include Zoom and recording.

Painting Medium: _____ Pattern Fee? If yes, please indicate cost: _____

If a pattern packet is required to be purchased, please advise the Paint-In Chair before the class is advertised.

Surface: _____ Suggested Options for student surface of choice: _____

VSA agrees to pay a teaching fee of \$125.00 (Minimum 3-5 Hour)

- Teachers not teaching in person will provide VSA method to receive teaching fee (Check or Zelle) The address noted below will be used to mail check.
- Teacher is responsible for sending instructions, pattern and colored pictures, via email to the Paint-In Chair two months prior to teaching. Please provide PREP instructions separate from full/finishing instructions.
- Our Club will provide Zoom set up. **A recording will be made available for all paid students (Not to exceed 30 days from date of class) ONLY with designers permission.**
- OPTIONAL. Teacher may set up own Zoom and will email Zoom Log-in to the Club Paint-In Chair, one week prior along with finishing instructions. Paint-In Chair will email to those who have signed up Zoom Log-in and finishing instructions.
- Valley of the Sun Artists Club will advertise classes two months out from date of class. Low registration will result in cancellation of class. In the event class is cancelled this signed contract becomes void and teacher understands there will be no teaching fees paid.

Teacher's Signature: _____ Date: _____

Phone: (please circle one): Cell / Home _____ Email: _____

Mailing Address: _____

Preferred method to receive teaching fee: (Circle One) Check or Zelle

Paint-In Chair Signature: _____ Date _____

2026 Program Chair – Joanne Stambaugh, Email: joanne.vsa@yahoo.com

For Paint-In chair use only

Teacher fee paid on Date: _____ Check # _____ Zelle _____

(08/27/25)