

PALMETTO TATTERS GUILD TAT DAYS 2018

“Not Your Grandmother’s Tatting”

SEPTEMBER 6 – 9, 2018

GEORGIA BAPTIST CONFERENCE CENTER, TOCCOA, GA

TEACHER APPLICATION

NAME	
ADDRESS	
CITY, STATE, COUNTRY	
PHONE	(H) (C)
E-MAIL	

THE APPLICATION PACKAGE MUST BE RECEIVED BY EMAIL NO LATER THAN WEDNESDAY, FEBRUARY 21, 2018.

If you have questions regarding this application and/or teaching at the PTG Tat Days 2018, please contact the teacher coordinators at teachers@palmettotatters.org.

ITEMS TO BE SUBMITTED VIA E-MAIL TO teachers@palmettotatters.org.

Incomplete application packages WILL NOT be considered for selection.

- This completed teacher application;
- A written biography and photo for posting on the PTG website. Include your website address if you have one and email address;
- Photos as **jpg files** of tatted pieces to be considered for classes at Tat Days;
- A written pattern for each tatted piece, including any accompanying class handouts.

Patterns:

- Must be submitted in a **format easily read and edited** by most computers (preferably Word DOC and not docx) so we can do simple edits if needed);
- Must be formatted to 8 ½” by 11” size paper including page number(s);
- **Class name below should be at the top of the printed pattern**, at least on page 1. Can be same or different from actual pattern name.
- Copyright year, designer’s name, designer’s email address, picture(s), symbols and notations unique to your pattern explained, supplies and preparation needed for class (ex. 2 shuttles, wound CTM, size 30 thread, number of beads, etc.), must be included on the pattern;

Teacher’s Name _____

- Written patterns may be accompanied by a diagram, but a diagram is not required;
- A list of skills required and methods or techniques to be learned in class. (Not required on the patterns but can be helpful for those that purchase the patterns in digital form (CD, USB, SD card). This will be listed on the website.)
- If teaching another person's pattern (not an original by you), must include written permission to use the pattern and publish in digital form (CD, USB, SD card) for the PTG fundraiser.

Please check your preference for teaching at PTG's Tat Days.

Check both if you would like to be considered for full-time or part-time teaching positions.

Full Time _____ Part Time _____

Type of teacher	Number of classes and hours required for position	Check all that apply
BEGINNERS (can discuss later the materials needed that PTG will provide)	1 or 2 classes (1 1/2 hours)	
Full-time	3 to 5 classes (7 or more hours) (1, 1 1/2 to 3 hours each)	
Part-time A	1 class (1 1/2 hours)	
Part-time B	2 classes (3 hours)	
Part-time C	More than 2 classes (more than 3 hours-up to 6 hours)	

Please use the following designations in determining experience level for your classes:

Brand New Tatter: little or no tatting experience.

Level I: knowledgeable and proficient with rings, chains, and joins.

Level II: knowledgeable and proficient with split rings, block tatting and comfortable working with beads.

Level III: have mastered all the above skills and ready to try new techniques and creative tatting.

Teacher's Name _____

ALL INFORMATION FOR EACH CLASS BELOW IS VERY IMPORTANT.

Class 1	
Class Name:	Number of Hours:
Experience Level:	<input type="checkbox"/> New <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3
Class Description and Objective:	
Skills Required:	
Methods or Techniques for Class:	
Materials Needed and Preparation:	
Will a Kit be offered?	<input type="checkbox"/> Yes <input type="checkbox"/> No Cost: for class participant \$ _____ for non-participant \$ _____ For this class, is the Kit: <input type="checkbox"/> Optional <input type="checkbox"/> Required Notes on kit (ie. contents, choice of colors, etc):
This class is suitable for: <input type="checkbox"/> Shuttle Tatters <input type="checkbox"/> Needle Tatters <input type="checkbox"/> Both	
Additional Notes or Comments:	

Class 2	
Class Name:	Number of Hours:
Experience Level:	<input type="checkbox"/> New <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3
Class Description and Objective:	
Skills Required:	
Methods or Techniques for Class:	
Materials Needed and Preparation:	

Teacher's Name _____

Will a Kit be offered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Cost: for class participant \$ _____ for non-participant \$ _____
	For this class, is the Kit: <input type="checkbox"/> Optional <input type="checkbox"/> Required
	Notes on kit (ie. contents, choice of colors, etc):
This class is suitable for: <input type="checkbox"/> Shuttle Tatters <input type="checkbox"/> Needle Tatters <input type="checkbox"/> Both	
Additional Notes or Comments:	

Class 3			
Class Name:		Number of Hours:	
Experience Level:	<input type="checkbox"/> New	<input type="checkbox"/> Level 1	<input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3
Class Description and Objective:			
Skills Required:			
Methods or Techniques for Class:			
Materials Needed and Preparation:			
Will a Kit be offered?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Cost: for class participant \$ _____ for non-participant \$ _____		
	For this class, is the Kit: <input type="checkbox"/> Optional <input type="checkbox"/> Required		
	Notes on kit (ie. contents, choice of colors, etc):		
This class is suitable for: <input type="checkbox"/> Shuttle Tatters <input type="checkbox"/> Needle Tatters <input type="checkbox"/> Both			
Additional Notes or Comments:			

Class 4			
Class Name:		Number of Hours:	
Experience Level:	<input type="checkbox"/> New	<input type="checkbox"/> Level 1	<input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3
Class Description and Objective:			
Skills Required:			

Teacher's Name _____

Methods or Techniques for Class:	
Materials Needed and Preparation:	
Will a Kit be offered?	<input type="checkbox"/> Yes <input type="checkbox"/> No Cost: for class participant \$_____ for non-participant \$_____ For this class, is the Kit: <input type="checkbox"/> Optional <input type="checkbox"/> Required Notes on kit (ie. contents, choice of colors, etc):
This class is suitable for: <input type="checkbox"/> Shuttle Tatters <input type="checkbox"/> Needle Tatters <input type="checkbox"/> Both	
Additional Notes or Comments:	

Class 5			
Class Name:		Number of Hours:	
Experience Level:	<input type="checkbox"/> New	<input type="checkbox"/> Level 1	<input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3
Class Description and Objective:			
Skills Required:			
Methods or Techniques for Class:			
Materials Needed and Preparation:			
Will a Kit be offered?	<input type="checkbox"/> Yes <input type="checkbox"/> No Cost: for class participant \$_____ for non-participant \$_____ For this class, is the Kit: <input type="checkbox"/> Optional <input type="checkbox"/> Required Notes on kit (ie. contents, choice of colors, etc):		
This class is suitable for: <input type="checkbox"/> Shuttle Tatters <input type="checkbox"/> Needle Tatters <input type="checkbox"/> Both			
Additional Notes or Comments:			

THANK YOU FOR YOUR SUBMISSION AND YOUR SUPPORT OF THE PTG!

Teacher's Name _____

Teacher's biography: (You may include how you learned to tat, why you tat, previous teaching experience, published works, awards, webpages, blogs, etc.) This will be posted on the website and summarized in the program booklet.

Teacher's Name _____