



VOLUNTEER FORM BE A COSTUME COLLEGE® INSTRUCTOR

We are always looking for qualified instructors to share their expertise and knowledge at upcoming Costume Colleges. If there are classes you would like to teach, please let us know.

Name: _____

Address: _____

Phone: _____ Email: _____

Name of class(es) – please include a short description:

1. _____

2. _____

3. _____

My qualifications for teaching the above class(es) are:

I have / have not (circle one) taught at Costume College® before.

If you have taught, what year(s) did you teach? _____

This form may be dropped at the Information Desk at Costume College® or mailed to:
Attn: CGW / Costume College® P.O. Box 10189, Glendale, CA 91209.