



## WORKSHOP REQUEST

Please complete the brief questionnaire below and return to Mrs. Terrilyn Douglas, Production Coordinator:

Stax Music Academy  
926 E. McLemore Avenue  
Memphis, TN 38106  
[smaperformance@staxmusicacademy.org](mailto:smaperformance@staxmusicacademy.org)  
Telephone: (901) 946-2535 ext. 444  
Fax: (901) 507 - 1460

**\*Please Note:** A minimum of one month's advance notice is required. You will receive a response with seven days of submission. Only Monday-Friday requests will be considered.

\_\_\_\_\_  
Name of Workshop

\_\_\_\_\_  
Workshop Presenters

Proposed Workshop Date \_\_\_\_\_

Proposed Workshop Time \_\_\_\_\_

What is the intent and purpose of the workshop? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What skill(s) do you aim to enhance through your workshop? Please circle all that apply.

Leadership

Musicianship

Community Service/Citizenry

Other \_\_\_\_\_

Does the workshop target a specific instrument? \_\_\_\_\_  
\_\_\_\_\_

What style of music will be demonstrated? \_\_\_\_\_  
\_\_\_\_\_

Please list the learning outcomes of the workshop.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

How many students do you need in attendance to make your presentation successful?

\_\_\_\_\_

Is there a fee for your workshop? If yes, how much?

\_\_\_\_\_

\_\_\_\_\_  
Workshop Host/Sponsor Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
SMA Workshop Coordinator Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date