



Quincy Natural Foods Co-op & Feather River Food Co-op

Workshop & Class Proposal Form

Please type or print clearly, and provide all information requested.

Date: _____

Name: _____ Organization: _____

Phone: _____

Email: _____

Name of proposed class or workshop:

Class/workshop outlining the presentation and timeline:

Instructor's experience/biographical info (As it applies to the class/workshop):

Co-op Contact:

Quincy Natural Foods Co-op, Attn: Amber Hughes, Member Services Coordinator

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