

Course Proposal

Thank you for your interest in offering a new recreational opportunity to our community!

Please complete this Course Proposal Form and submit it to the Recreation Specialist for evaluation and review. This form is for general outline and all information is subject to editing and change. This form does not constitute a contract or qualify for application for employment.

Instructor Name: _____ Email _____

Address _____ City/State _____ Zipcode _____

Daytime Phone _____ Alternate Phone _____

Title of Course: _____

Course Description:

What can participants expect to gain by attending this course? (Goals & objectives)

Proposed Day of Week (check all that apply):

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Proposed Time of Day: _____ to _____ AM PM **Number of weeks** _____

Proposed Location (if no proposed location, please leave blank) _____

Target Population (check all that apply):

Toddler (2-4 yrs) Preschool (4-6 yrs) Elementary Age (6-12 yrs) Teens (13-17 yrs)

Adults (18+) Seniors (55+) Family

Minimum # of students: _____ **Maximum # of students:** _____

List supplies participants should bring to class:

List supplies instructor will provide:

Proposed program fee:

Instructor biography/qualifications: