



ADULT ENRICHMENT COURSE PROPOSAL

Instructor Information

Name		Date	
Address		City	State & Zip Code
Work Phone	Home Phone		Cell Phone
Email Address	Emergency Contact		Phone
Class Related Blog, Website, Facebook Page, etc			

Course Information

Course Title	# of Sessions	Day(s) of Week	Set-up time	Class Start & End Time	Clean-up Time	Type of Room Needed	Start Date	End Date	Skip Dates

Course Description: Complete description as you wish it to appear in the Community Education brochure. If participants are expected to bring anything to the class, w special clothing or if there is a supply fee please indicate that information as well. (Descriptions may be edited for space or content.)

Instructor Bio

Class Maximum _____ Class Minimum _____ Instructor Compensation: __ In Kind __ Per Student Percent of Revenue 60%

Facilities, Supplies and Equipment

Technology or audio visual equipment (limited availability):

Special Facility needs:

Other Facility/Equipment requests: