

Lifelong Learning Class Proposal

Instructor		Phone # – Main	
Address		Phone # – Alt	
City State Zip		Email	

Class Name	
Requested Location	

What Days, Times and Frequency Do You Propose the Class Meet? (i.e. Mondays at 6PM for 10 weeks, Tue & Thu at 11AM for 4 weeks, etc.)

What fee do you plan to charge?	
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Please describe proposed class.

Please list your qualifications.

This form is for informational purposes only. Submitting this proposal does not constitute a contract for services, imply an employer-employee relationship exists, or guarantee the proposed activity will be approved and implemented.

