



Please provide as much detail as possible. Recreation staff will assist you in finalizing the details if proposal is approved.

Instructor information

Name:	
Email:	Phone:

Class Proposal

Course Title:
Course Description:
Equipment needed:
<i>FOR CONTRACT INSTRUCTORS ONLY: Some or all equipment listed above may not be available at certain District facilities and will need to be provided by instructor.</i>
Class set-up: <i>(please explain set-up or attach diagram)</i>
Season you'd like to teach: <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> All seasons
Duration (2/4/6/8 weeks; continuous/drop-in; or other):
of classes per week:
Day(s) desired: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
Class time(s):
Class time length: 30 minutes 45 minutes 1 hour 1.5 hours 2 hours 3 hours
Other:
Day(s)/Time(s) you are unavailable:
Preferred Class Location:
Centers: <input type="checkbox"/> Riverlakes <input type="checkbox"/> Greenacres <input type="checkbox"/> Riverview <input type="checkbox"/> Rasmusen
NOR Park(s): _____ Other location: _____
<i>**Class days and times are dependent on facility availability</i>
Class size: Minimum (<i>NOR Minimum 7</i>) Maximum number of students:
<i>NOR may allow a temporary grace period for minimum class size requirements to help establish the class, build up attendance, and generate interest.</i>

Target participants: <input type="checkbox"/> Youth <input type="checkbox"/> Teens <input type="checkbox"/> Adults <input type="checkbox"/> Seniors <input type="checkbox"/> Family	
Participant target ages:	
Proposed class fee:	Proposed material fee:
Prerequisite student skills:	
Students should bring/wear to class:	
Additional instructors needed? <input type="checkbox"/> Y <input type="checkbox"/> N	
Names (if known):	Phone:

References

Name	Phone	Relationship

Additional Information

Professional Training, Conferences, and workshops attended related to the class content:					
Professional or trade license, certificates, or registrations:					
Type	license #	State	Effective Date	From	To

Type of Potential Instructor

<input type="checkbox"/> Employee Instructor	<input type="checkbox"/> Contract Instructor Business Name (if applicable): <i>Will need to provide additional documents as detailed in the Handbook if approved.</i>
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Certification of Applicant

I certify that all statements made in this application are true and complete, and that any misstatement of material facts may result in disqualification or dismissal.

Print Name	Signature	Date