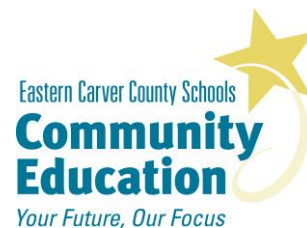


Adult Activity Proposal



INSTRUCTOR INFORMATION:

Name: _____

Company: _____

Address: _____

City/Zip: _____

Email: _____

Daytime Phone: _____

Preferred Contact: Email Phone

Other Phone: _____

Instructors: Please attach a brief biography reflecting credentials/experience as well as a photo. Information will appear on our website.

COURSE INFORMATION:

Course Title:						Minimum Students:	
						Maximum Students:	
School/Location	Day of week	Start date	End date	Skip dates	# of sessions	Begin time	End time

COURSE DESCRIPTION: (Brief, persuasive, & fun; stress personal benefit to participant.) Please keep your text brief, we reserve the right to edit.

SPECIAL INSTRUCTIONS:

Special Considerations/Needs: _____

Your Fee to Teach: _____

Supply Cost to Participant: _____

Supplies Students Must Bring: _____

Equipment Needed: _____

One part of our mission in Community Education is to meet the needs of underserved populations and to increase opportunities to those that may not otherwise experience them. As we contribute scholarship dollars to this cause, we are hopeful that you and/or your business will do the same in order to best meet the needs of this community. Please indicate the number of students you will accept into this class on partial or full scholarship. # of Full scholarships allowed for this class _____ # of Partial scholarships allowed for this class _____

Thank you so much for partnering with Community Education to offer quality experiences to ALL community members.

For Office Use Only: CLASS # _____ TUITION/FEE _____ CLASS CATEGORY: _____
Inst. Payment Amt _____ per student, per class, per hour, or percentage Budget Code: Adult
STATISTICAL REPORT: Non-Credit Gen Interest Youth Arts/Humanities Youth Health/Safety Youth Team Sports/Athletic Sum School

Return completed form to:

Scott Barta bartas@district112.org 952.556.7234

545 Pioneer Trail • Chaska, MN 55318 Phone: 952.556.7200 Fax: 952.556.7209 www.ce4all.org