

Course Proposal Form

South Washington County Schools Community Education



INSTRUCTOR INFORMATION

Name: _____ **Company:** _____

Address: _____ **City/Zip:** _____

Email: _____ **Daytime Phone:** _____

Preferred Contact: _____ **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				Preferred Grades:		Minimum Students: Maximum Students:	
School/Location	Day(s) of the Week	Start Date	End Date	Skip Dates	# of Sessions	Begin Time	End Time

COURSE DESCRIPTION

Brief, persuasive, and fun. Stress benefit to participant. **Please keep text BRIEF.** We reserve the right to edit.

RETURN COMPLETED FORM TO:

Sue McKeown (youth enrichment) smckeown@sowashco.org

Todd Feustal (youth athletics) tfeustel@sowashco.org

Gretchen Carlson (adult enrichment) gcarlson@sowashco.org