# Adult Enrichment Class Proposal

Osseo Area Schools Community Ed
Adult & Youth Enrichment

## Instructor Information

| | |
|---|---|
| **Name:** | **Company:** |
| **Address:** | **City/Zip:** |
| **Email:** | **Daytime Phone:** |
| **Preferred Contact:** ☐ Email ☐ Phone | **Other Phone:** |

Attach a short biography reflecting credentials/experience and a photo. Information will appear on our website.

## Class Information

| Course title: | | | | | | Minimum students:<br>Maximum students: | |
|---|---|---|---|---|---|---|---|
| School preference | Day of week | Start date | End date | Skip dates | # of sessions | Begin time | End time |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

**Class 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: | |
|---|---|
| Fee to teach (hourly or per student): | Supply cost to participant: |
| Supplies students must bring: | Equipment needed: |

**Return completed form to:**

**Melissa Carstens** *(Coordinator)* @ carstensm@district279.org

**11200 93rd Ave N • Maple Grove, MN 55369 • Phone: 763-391-7117 • Fax: 763-391-7082**