Youth 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: 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):

Return completed form to:

Sarah Heyer *(Program Manager)* @ **heyers@district279.org**
11200 93rd Ave N • Maple Grove, MN 55369 • Phone: 763-391-7122