



Churchville-Chili Continuing Education

*Bringing a community
together to learn and grow*

Proposal to Teach a Course

Name: _____

Address: _____

E-Mail: _____

Company: _____

Date: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Short Course Description: _____

Full Course Description: _____

(over)

Dates and Days Unavailable: _____

Class Frequency: _____

Class Duration: _____

Maximum Participants: _____

FACILITY NEEDS:

____ classroom ____ gymnasium ____ field
____ other (please specify)

EQUIPMENT AND SET UP REQUEST (Check all that apply)

Classroom	Gym Use	Field Use	Other
____ VCR	____ athletic equipment:	____ athletic equipment:	
____ DVD	(please specify)	(please specify)	
____ Visualizer	_____	_____	_____
____ Tables, Chairs	_____	_____	_____
____ Sink			
	basketball hoop height:	Other	
	____ 10' (ages 13 & up)	(please specify)	
	____ 8'6" (ages 10-12)	_____	
	____ 7'6" (ages 5-9)	_____	

CLASS SUPPLIES NEEDS:

ITEM: _____	EST. COST: _____
ITEM: _____	EST. COST: _____
ITEM: _____	EST. COST: _____
ITEM: _____	EST. COST: _____
ITEM: _____	EST. COST: _____
ITEM: _____	EST. COST: _____

ADDITIONAL STAFFING REQUESTED:

of ASSISTANTS: ____ # of College Helpers: ____ # of Volunteer Helpers: ____ Other: _____