

# COURSE PROPOSAL

Program Title \_\_\_\_\_

Instructor Name \_\_\_\_\_

Company Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Program Description \_\_\_\_\_

\_\_\_\_\_

Instructor Biography \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Proposed Schedule

\_\_\_\_\_ Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_ Sat.

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Holiday or Skip Dates \_\_\_\_\_

From \_\_\_\_\_ AM or \_\_\_\_\_ PM To \_\_\_\_\_ AM or \_\_\_\_\_ PM

# Weeks Held \_\_\_\_\_

Your desired fee **per student** for the entire program (including reimbursement for all materials or supplies, if applicable) \_\_\_\_\_

*(Note: the program fee for the student is determined by adding 20% to your desired fee. Example: your fee is \$20 per student for the program and \$10 per student for reimbursement of supplies. We will pay you \$30 per student and charge the student \$36.)*

Building / Room Desired \_\_\_\_\_

*(Example: Community Center Aerobics Room, Middle School Art Room, etc.)*

Note to the student: \_\_\_\_\_

*(Example: What supplies or equipment student should bring or what should they wear to the program?)*

## FOR OFFICE USE ONLY

Year: \_\_\_\_\_ Winter/Spring Summer Fall

Program Fee for student (total instructor fees + 20%): \_\_\_\_\_

Registration Deadline \_\_\_\_\_

Instructor Contract Sent: \_\_\_\_\_ Received: \_\_\_\_\_

PO Ordered \_\_\_\_\_

Invoice Submitted \_\_\_\_\_ Board Meeting: \_\_\_\_\_