



COURSE PROPOSAL FOR RECREATION CLASSES

RECREATION SERVICES

Brochure Edition: Winter/Spring Spring/Summer Fall/Winter **Brochure Year:** _____

Instructor Name: _____

Organization (if applicable): _____

Complete the following only if new or revised information:

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

Phone 1: _____ **Phone 2:** _____

Email: _____

Complete one section for **EACH** class you propose to offer.

| Course Title | Day | Time (start - end) | # of classes | Course Start Date | Course End Date | No Class Date(s) | Fee |
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Class Size (# of students): Min. _____ / Max. _____ **Participant Ages:** Min. _____ / Max. _____

Classroom Request*: 1st choice _____ 2nd choice _____

*classroom requests are not guaranteed

Facility set-up instructions (be specific :) _____

ITEMS TO ATTACH:

- Course Description(s)
- New Instructors- Resume & References