

New Hope Parks & Recreation Program/Class Proposal Form



Instructor

Name _____ Organization _____
Address _____ City _____
State _____ Zip Code _____ Email _____
Phone # Day _____ Evening _____ Cell _____
What day(s) of the week are you available? M T W Th F Sat Sun
Time of day available? _____: _____ a.m./p.m. to _____: _____ a.m./p.m.
Have you taught with us before? Yes _____ No _____ If yes, explain _____

Program/Class

Title _____ New offering _____ Previously offered _____
Have you ever taught this class before? Yes _____ No _____ If yes, explain _____
Target Audience: Preschool _____ Youth (K-12) _____ Indicate specific age range _____
Adults _____ 19-54 years _____ 55+ years _____
Number of participants per class: Minimum _____ Maximum _____
Number of sessions _____ Length of time per session _____
Available dates: _____ or _____ or _____
Desired salary \$ _____ per hour _____ student _____ class _____ other _____

Course Outline – What will be covered and how will time be spent?

Suggested Course Description

Room Requirements/Set-up and/or Equipment Needs

Supplies

Total Supply Cost _____

Supplies, if any, will be:

Purchased by participant _____ Paid to instructor _____ Included in class fee _____

Please submit completed forms to:

New Hope Parks and Recreation
4401 Xylon Ave N
New Hope, MN 55428
Fax: 763-531-5136