

Charles Chrin Community Center of Palmer Township

COURSE PROPOSAL FORM

Please complete this Course Proposal Form and submit to Dan McKinney or Jill Lichy to review.

Title of Course: _____

Instructor Name: _____

Course Description: _____

Length of Course: _____ hours x _____ days

Target Population (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Toddler (2-4yrs) | <input type="checkbox"/> Pre-school (4-6yrs) | <input type="checkbox"/> Elementary age (7-12yrs) |
| <input type="checkbox"/> Teens (13-17yrs) | <input type="checkbox"/> Adults (18 +) | <input type="checkbox"/> Seniors (55 +) |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Male | <input type="checkbox"/> Female |

Desired Day of Week (check all that apply)

- | | | | |
|---------------------------------|-----------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> Friday | <input type="checkbox"/> Saturday | <input type="checkbox"/> Sunday | |

Desired Time of Day: _____ am pm

Minimum Enrollment: _____ **Maximum Enrollment:** _____

Proposed Course Fee: \$_____ per student

*Note that this is negotiable and that you as the instructor will be paid a portion of this fee that is mutually agreed upon with Dan McKinney or Jill Lichy

Equipment/Supplies: _____

Space Requirements: _____

Additional Information: _____