

New Class Proposal



Instructor Name: _____

Address: _____

Phone #s: Day _____ Evening: _____

Email: _____

Qualifications, degree/certification/experience: _____

Class Name: _____

Length of Class: _____

Location of Class: _____

Have you taught this class before? ☐ Yes ☐ No

If yes, when & Where? : _____

Materials Fee: _____

Please provide a course description: _____

Please circle the season you wish your course to be offered?

SPRING

SUMMER

FALL

WINTER

Max class size: _____ Min class size: _____

Please circle the days of the week you propose for your class:

SUN

MON

TUES

WED

THURS

FRI

SAT

Preferred Dates: _____

Hours: Start time: _____ End time: _____

Target Age Group: from _____ to _____

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Equipment/Supplies Instructor Provides:

Other Equipment/Supplies Arrangements requested:

Proposed Fee Charged for the class: \$_____

Please circle certifications, if any below?

CPR First Aid Food Handler's Permit Other _____

Please share any additional experience you have teaching, teaching this class or related experience:

Please list at least 2 Professional References:

1) Name: _____

Organization: _____

Contact Information _____

2) Name: _____

Organization: _____

Contact Information _____

Please submit this form 6 weeks in advance of your course.

EDUCATION COMMITTEE EVALUATION
