

**SAN LUIS OBISPO PARKS & RECREATION DEPARTMENT
INFORMATION SHEET FOR PROPOSED CLASS
Fall 2011**

NAME OF PROPOSED CLASS: _____

INSTRUCTOR: _____

WORK PHONE: _____ CELL PHONE: _____

ADDRESS: _____ CITY: _____

EMAIL: _____

INSTRUCTOR'S SOCIAL SECURITY NUMBER: _____
(NEEDED TO PAY YOU)

PROPOSED NUMBER OF WEEKS FOR YOUR CLASS TO MEET: _____

DAY(S) OF WEEK (PLEASE CIRCLE): M TU W TH F SAT SUN

TIME: _____ AM / PM TO _____ AM / PM

LOCATION YOU WOULD LIKE TO SEE YOUR CLASS HELD: _____

FEE YOU WOULD LIKE TO CHARGE: \$ _____

IS THIS TO BE A PER CLASS, PER MONTH OR PER SESSION CHARGE?: _____

IF THERE IS A MATERIALS FEE, HOW MUCH? \$ _____

WHAT DOES THE MATERIALS FEE COVER? _____

WILL YOU PRORATE? _____

WILL YOU ACCEPT SCHOLARSHIPS?: _____

NUMBER OF SCHOLARSHIPS ACCEPTED PER SEASON: _____

DATES YOUR CLASS IS TO MEET: _____

MINIMUM NUMBER OF PARTICIPANTS NEEDED FOR YOUR CLASS TO BE HELD: _____

MAXIMUM NUMBER OF PARTICIPANTS YOU CAN HANDLE: _____

AGE RANGE OF STUDENTS: _____
(IF YOU ARE TEACHING CHILDREN, INDICATE YOUNGEST AGE YOU CAN HANDLE)

IS THERE A SPECIFIC SKILL LEVEL YOU WOULD PREFER TO TEACH? IF YES, PLEASE INDICATE WHAT LEVEL YOU WILL BE TEACHING.

ARE THERE ANY SPECIAL CLOTHING OR MATERIALS THAT ARE REQUIRED BY THE STUDENT IN ORDER TO PARTICIPATE IN THE CLASS?

CLASS DESCRIPTION:

GOALS & OBJECTIVES YOU INTEND TO ACHIEVE IN TEACHING YOUR CLASS:

COURSE OUTLINE:

AFTER REVIEW OF THE INFORMATION YOU HAVE PROVIDED, YOU WILL BE CONTACTED BY THE PARKS & RECREATION COMMUNITY SERVICES STAFF IF YOUR CLASS IS ACCEPTED OR NOT. COMPLETION OF THIS INFORMATION SHEET DOES NOT IMPLY A CONTRACT THEREFORE, NO GUARANTEES CAN BE MADE FOR THE PROPOSED CLASS TO BE OFFERED BY THE SAN LUIS OBISPO PARKS & RECREATION DEPARTMENT. CLASSES ARE SCHEDULED SUBJECT TO AVAILABILITY OF FACILITIES.