

# Hastings Community Education

## ► Program Proposal Form ◀

**FOR OFFICE USE ONLY**

Compensation: \_\_\_\_\_

Date: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_ Ext. \_\_\_\_\_

*Other Communication Methods (optional, but help greatly when necessary to connect on short notice)*

E-mail \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Pager # \_\_\_\_\_ Website \_\_\_\_\_

**Course Title** \_\_\_\_\_

**Brief Course Description** \_\_\_\_\_

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*(Please use back of sheet or add'l sheet of paper if more space is needed.)*

Please check which night or day of the week you'd be available to instruct your class:

Monday     
  Tuesday     
  Wednesday     
  Thursday     
  Friday     
  Saturday

How many hours per session will this class require:  How many sessions will this class require:

Does your class require special classroom provisions (e.g. Water, tables, large area for movement, carpeting, etc.)

If so, please specify: \_\_\_\_\_

Do you need any special audio visual equipment? If yes, please specify: \_\_\_\_\_

Are there any special supplies or equipment that students need to purchase for the class. If so, please list items and unit cost for each:

Item(s)	Unit Cost
_____	_____
_____	_____
_____	_____

What is the maximum number of students you can effectively manage in your class?

What is the minimum number of students you prefer in your class?

Please provide a short background (biography) about yourself which we might use in the quarterly catalogue.

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