

**CITY OF AGOURA HILLS DEPARTMENT OF COMMUNITY SERVICES
PROGRAM PROPOSAL SHEET**



Name of Proposed Class: _____

Instructor: _____ Home phone _____

Cell _____ Address: _____

City: _____ Zip: _____ Email: _____

Program session length:

- One day workshop
- Once a week for (4 6 8 10 12) weeks
- Twice a week for (4 6 8 10 12) weeks
- Other: _____

Desired days of the week and time to conduct:

1st choice Day: _____ Time: _____

2nd choice Day: _____ Time: _____ am/pm to _____ am/pm

Dates your class is to meet:

Location desired: (please circle one)

New Recreation Center Multi-Purpose Room (1,700 Sq Feet full room, splits in 2)

New Recreation Center Class room (500 sq feet) Morrison Park

Forest Cove Park Reyes Adobe Historical Site Chumash Park

Reyes Adobe Park Old Agoura Park Sumac Park

Suggested per person activity fee:

Suggested materials fee (if applicable)

What does the materials fee cover? _____

Will you prorate? _____

Enrollment required (if applicable): Minimum _____ Maximum _____

CLASS INFORMATION

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Age range of students:

Any experience or prerequisites of participants before taking the class? If yes, please elaborate. _

Supplies or materials participants need to bring/wear? _____

Equipment needs (table, chairs, etc.) _____

Other notes: _____

Class Description:

Goals & objectives you intend to achieve in teaching your class: _____

Course outline (attach an additional page if necessary):

Instructor Information

A. Applicant experience/background in proposed program, include relevant certifications and years of experience:

B. References:

Name

Relationship

Address

Phone

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 AGOURA HILLS DEPARTMENT OF COMMUNITY SERVICES.