CLASS PROPOSAL FORM

Category: Arts____ Cooking____ Crafts____ Dance_____ Language _____
Personal Development____ Science/Technology____

Season: Fall____ Winter____ Spring____ Summer____ Summer Camp ___

Year: 20____

Instructor’s Name: ________________________________

Class Title: ____________________________________

New Class? Yes____ No____

Description (including what students should bring or wear to class):
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Materials/Food Fee: ___________ (student brings this amount to class and pays instructor
directly for expenses above the cost of the class)

Location Preferred: ______________________________________

Preferred Starting Date: ______________________

Day(s) of the week: ______________________________

Time of Class: _______________ Ages of Participants: __________

Number of Hours: ___________ Number of Weeks: __________

Number of Participants: Minimum_______ Maximum_________

Type of Facility or Classroom needed: __________________________

Equipment needed: ________________________________________

*please submit to Adam Wienckowski at awienckowski@howardcountymd.gov