TOWN OF ORLEANS

Community Services Department

OFFICE OF RECREATION, CULTURE & COMMUNITY EVENTS

19 School Road | Orleans, MA 02653

INSTRUCTOR CLASS PROPOSAL APPLICATION

Name: _____

Street Address: _____

City/State/Zip Code: _____ Phone: _____

E-mail: _____

Please write a brief description of the class: _____

What do you want to call the class? _____

What is the age range of this class? (i.e. 3-5, 6-12, 18+): _____

What is the minimum and maximum number you will accept? Minimum: _____ Maximum: _____

What location would you like to work at?

- ☐ 44 Main Street/Community Building, Orleans, MA 02653
- ☐ Town of Orleans Field: _____
- ☐ Other Location: _____

Select any of the following days of the week you would like to teach:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

What time of day would you like to offer the class? _____

How many consecutive weeks per session of the class? _____

Dates of class(es): _____ How much would you like to charge for this class? _____

Do participants need any skills or classes before taking this class/course? _____

What attire should participants wear/bring? Will they need to purchase extra supplies from you in addition to the class fee? _____

Signature: _____ Date: _____