



Please complete all information requested in this **INSTRUCTOR CLASS PROPOSAL APPLICATION**. Please fill out a separate form for each class you would like to teach. Contact the Recreation Office at **508-240-3700 ext. 2333** or e-mail at **recreation@town.orleans.ma.us**

Please provide the following contact information:

Name: _____

Street Address: _____

City/State/Zip Code: _____ Cell Phone: _____

E-mail: _____

Please write a brief description of 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: _____ Maxumum: _____

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 Saturday Sunday

What time of the 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? _____

Are there any skills or classes participants must have prior to taking this course? _____

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

Signature: _____

Date: _____