

SPECIAL INTEREST CLASS PROPOSAL FORM

City of Goodyear: Recreation Division - Special Interest Classes

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Contact Information

Name:	
Address:	Apt #:
City:	Zip Code:
Day-time Phone:	Night-time Phone:
Cell Phone:	E-Mail:

Proposed Class Information

Name of Class:								
Full Class Description <i>(Please include special requirements (i.e. potty train) class structure, what is to be taught, class items to bring or what to wear etc)</i>								
Class Size:				Target Market/Ages:				
Space Needed: <i>(class, fields, courts etc. does the city need to provide as part of partnership or this is something that you already have a studio or location to host)</i>				Equipment/Supplies Needs: <i>(does the city need to provide as part of partnership or this is something that you already have and account for as part of registration)</i>				
Instructor Availability	Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	AM							
	PM							
Sessions: <i>(4-weeks, 8 weeks, per workshop etc.)</i>								
Scheduling Preference <i>(once a week, twice a week, etc.):</i>								
Length of Class Period:				Estimated Class Fee:				

Prior Experience

Please list experience, certification and/or training you have that applies to the class proposal:

Agency:	Contact:	Phone:
Description:		Dates:
Agency:	Contact:	Phone:
Description:		Dates:
Do you carry liability insurance?		