

Auburn Parks, Arts & Recreation Department

CLASS PROPOSAL FORM

Instructor Name: _____ SS or Tax ID#: _____

Business Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

E-Mail: _____

Class Title _____

Class Description _____

Minimum # of Students _____ Maximum # of Students _____

Preferred Class Day (i.e., Monday): _____

Preferred Time of Day: _____ Number of Weeks _____

Proposed Length of Class (hours) _____ Proposed Instructor Fee: _____

Please Attach Any additional Materials.

Is a Supply fee required: (yes or no) _____ How Much? _____



Return to:
Auburn Parks, Arts & Recreation Department
910 9th Street SE, Auburn, WA 98002
Fax (253) 931-4005 Phone (253) 931-3043

FOR OFFICE USE ONLY

Dates: _____ GU _____

Instructor Pay: _____

Participant Cost: _____

Fee Sheet:

Location: _____ Barcode _____