



Course Proposal

Instructor Information

Name:

Address:

Phone:

E-mail:

Date:

Area of Expertise/ Experience:

Course Proposal

What would you like to teach? (Class Title):

Brief Class Description:

(This description may be used for brochures and online promotion)

Target Age Group(s) (i.e. Preschool, Youth, Adult, Senior)

Length of Class:

☐

One-time class

☐

Multi-week class

Number of weeks: (typically 3-5)

Preferred Day(s) of the Week:

Preferred Time(s):

City of Poulsbo Parks & Recreation (360) 779-9898

Mailing: 200 NE Moe St, Poulsbo, WA 98340 | Physical: 19540 Front St NE, Poulsbo, WA 98370

Preferred Class Location: (check all that apply)

☐ Poulsbo Parks & Recreation Facility

☐ Poulsbo City Park

☐ School Facility

☐ Instructor's Facility

☐ Other:

Supplies Required?

☐ Yes

☐ No

If yes, supplies will be provided by:

☐ Instructor

☐ Poulsbo Parks & Recreation

☐ Participants purchase prior to class

Teaching Status & Compensation

I would like to teach as a:

☐ Volunteer

☐ Employee

☐ Contractor

Requested Compensation:

Room Setup & Equipment Needs

Please describe any room setup requirement or special equipment needed:

Personal/Professional References

1. Name: Relationship:

Address: City: State:

Phone:
2. Name: Relationship:

Address: City: State:

Phone:

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