



# Instructor Course Proposal

Course Name \_\_\_\_\_ Instructor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Daytime Contact Number: \_\_\_\_\_ Evening Contact Number: \_\_\_\_\_

Type of Activity (description): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Instructor Qualifications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Participants Targeted: \_\_\_\_\_ Adult: \_\_\_\_\_ Youth Ages: \_\_\_\_\_

Number of Classes per Session: \_\_\_\_\_ Preferred Day(s): \_\_\_\_\_ Preferred Times: PM

Number of Class Hours: \_\_\_\_\_ Enrollment: Minimum: no min. \_\_\_\_\_

\_\_\_\_\_ Maximum: \_\_\_\_\_ Class Fee: TBD Seasons course offered:

Summer \_\_\_\_\_ Previous class history with the City of Corning (if

applicable): \_\_\_\_\_

\_\_\_\_\_

Please submit to [mmarcussen@corning.org](mailto:mmarcussen@corning.org) or return to City Hall at 794 3<sup>rd</sup> St. Corning, CA 96021

\_\_\_\_\_ CITY USE ONLY BELOW \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE APPROVED: \_\_\_\_\_