



CLASS PROPOSAL FORM

CLASS INFORMATION:

Program Name/Class Title: _____ Ages: _____

Instructor Name/: _____

Requested Room Location: _____

Equipment Requirements: _____

Requested Day(s) of Week for Program: _____ When Can You Start the Program? _____

Requested Time for Class to Begin: _____ Length of Class: _____ Hours _____ Minutes

Number of Participants: Min: _____ Max: _____

Course Description: _____

Supplies Required for Class: _____

Any other information relevant to class proposal:

INSTRUCTOR INFORMATION:

Name: _____ Email: _____

Phone: (h) _____ (c) _____ (w) _____

*Please attach any additional information that would be relevant for staff to have when considering your program with this form.
(i.e. resume, references, websites)*

Please Return Form to:

Town of Herndon Parks and Recreation, 814 Ferndale Ave, Herndon, VA 20170

Email: parksandrec@herndon-va.gov

Fax: 703-318-8652

Questions? 703-435-6800