Park City Adult Education

P.O. Box 278 • Park City, MT 59063 • Phone (406) 633-2350 • Fax (406) 633-2913
E-mail: dgrabowska@pcsd5.org

CLASS PROPOSAL FORM - FROM PROSPECTIVE TEACHER

Class Title: _____

Instructors Name: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____ E-mail: _____

Class Description: _____

_____

_____

_____

_____

_____

_____

_____

_____

*Preferred dates Instructor would like to teach: **From:** _____ **To**: _____

Maximum number of participants: _____ Minimum number of participants: _____

Preferred night(s) of the week: _____ Preferred time: _____

Preferred number of sessions: _____ Room size: _____

Special equipment needed (or students need to bring): _____

_____

_____

_____

Please return this form to the Park City School District Superintendent – Dan Grabowska by mail, FAX or in person.