SPRING 2022
March 14th to May 13th, 2022

Name: _____________________________ S.S. #: __________________________
Address: _____________________________ Home Phone: __________________________

[Street] [City] [State] [Zip]

Work Phone: __________________________

E-Mail: __________________________

I am interested in teaching the following course: __________________________

Course description: *(This description will be used in the booklet and for advertising purposes)*

______________________________
______________________________
______________________________
______________________________

Beginning Date: __________________________ Ending Date: __________________________

Time: __________________________ Day of the Week: __________________________

[Start] [End]

Minimum and Maximum number of participants Min: __________ Max: __________

Desired location: *(All courses are assigned to a standard classroom, unless you indicate otherwise)*

______________________________

*Age or grade requirements for participants:

______________________________

*If this course is for school age children, all clearances will be needed before you may begin teaching the class. Clearance forms may be obtained at the District Office.

The district cannot guarantee access to any additional equipment; however, I will attempt to accommodate your requests.

List any special requirements/equipment needed by you to teach this course, please be specific as to type and times.

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