



## KEY BISCAINE PARKS & RECREATION INSTRUCTOR'S PROPOSAL/BROCHURE INFORMATION

Instructor's Name:		Social Security #:	
Mailing Address:		City:	Zip:
Phone #: (Day)	Email address:		
(Eve)			
(Fax)	Do you authorize us to release your phone number to students? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Title of Proposed Course:			
<b>*Brief write-up about your class (UNDER 30 WORDS):</b>			
*Write-up is subject to change/edit without prior notification to satisfy brochure requirements.			
Check Day(s) Class Held: <input type="checkbox"/> MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> THURS <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN			
Total # of Weeks (per session):			
Time Class Starts:	AM or PM	Time Class Ends:	AM or PM
Session #1	Date of 1 <sup>st</sup> class	Date of last class	No class on this date
Session #2	Date of 1 <sup>st</sup> class	Date of last class	No class on this date
Session #3	Date of 1 <sup>st</sup> class	Date of last class	No class on this date
Minimum # of Students:	Maximum # of Students:	Age Range (if any):	
Preferred Location (subject to approval and may change at any time by Management)	<input type="checkbox"/> Village Green Field	<input type="checkbox"/> Community School Field	<input type="checkbox"/> St. Agnes Field
	<input type="checkbox"/> Calusa Park Tennis Court	<input type="checkbox"/> Community School Court	<input type="checkbox"/> St. Agnes Court
	<input type="checkbox"/> Community Center	<input type="checkbox"/> Other	
Fee for Class:	Additional Equipment fee (to be paid at time of 1 <sup>st</sup> class):	Equipment Required of Students:	
\$	\$		
Instructor's Signature:			Date:

(Staff Use Only)	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	Facility Assigned:
Comments:		