



Churchville-Chili Continuing Education

*Bringing a community
together to learn and grow*

Proposal to Teach a Course

Name: _____

Date: _____

Address: _____

Home Phone: _____

E-Mail: _____

Work Phone: _____

Company: _____

Cell Phone: _____

Short Course Description: _____

Full Course Description: _____

(over)

Dates and Days Unavailable: _____

Class Frequency: _____

Class Duration: _____

Maximum Participants: _____

FACILITY NEEDS:

___ classroom ___ gymnasium ___ field ___ other (please specify) _____

EQUIPMENT AND SET UP REQUEST (Check all that apply)

Classroom	Gym Use	Field Use	Other
___ VCR	___ athletic equipment:	___ athletic equipment:	_____
___ DVD	(please specify) _____	(please specify) _____	_____
___ Visualizer	_____	_____	_____
___ Tables, Chairs	_____	_____	_____
___ Sink	basketball hoop height:	Other	
	___ 10' (ages 13 & up)	(please specify) _____	
	___ 8'6" (ages 10-12)	_____	
	___ 7'6" (ages 5-9)	_____	

CLASS SUPPLIES NEEDS:

ITEM: _____	EST. COST: _____
ITEM: _____	EST. COST: _____
ITEM: _____	EST. COST: _____
ITEM: _____	EST. COST: _____
ITEM: _____	EST. COST: _____
ITEM: _____	EST. COST: _____

ADDITIONAL STAFFING REQUESTED:

of ASSISTANTS: _____ # of College Helpers: _____ # of Volunteer Helpers: _____ Other: _____