



CITY OF WATSONVILLE

Parks & Community Services Department
30 Maple Avenue
768-3240

CLASS PROPOSAL

Instructor Information

Instructor _____ Phone # _____

Address _____ City _____ Zip _____ Fax # _____

Email _____ Social Security # _____

Do you have bilingual Spanish skills? (not required) YES / NO

Class Information

Class Name _____

Fee \$ _____ If supplies are needed, is it included in class fee? YES NO

If not, additional cost for supplies: \$ _____

If supplies are needed, please attach a list of supplies so we may inform class participants.

Three Objectives of the class:

1. _____
2. _____
3. _____

Class Logistics:

How many Weeks? _____ Beginning Date _____ Ending Date _____

Day(s) class meets: _____ Times _____ - _____ Age Group _____

Minimum students to hold class _____ Maximum Students _____

Specific room requirements (size, stage area, etc.) _____

Approximate # of tables _____ # of chairs _____

Print a description of your class, as you would like it to appear in advertisements

PLEASE COMPLETE BOTH SIDES OF THIS FORM

Instructor References

Please list at least two references that may be contacted in regards to your class proposal.

| Name | Address | Phone |
|-------|---------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Please attach any applicable flyers, letters of recommendation, résumés, etc.

PLEASE SEND COMPLETED FORM TO:
Watsonville Parks & Community Services
P.O. Box 5000
Watsonville, CA 95077-5000
Fax: (831) 763-4078

FOR OFFICE USE ONLY

Class Details:

Percentage Pay _____ Registration Deadline: _____ Location of Class _____

Outreach Strategy _____

Approved _____ Not Approved _____ Date _____ Approved by: _____

Class Held? YES / NO Number of participants: _____

of Surveys Received _____ % of participants satisfied with class _____%

Rescheduling:

New Start Date _____ New End Date _____ New Times _____ - _____

Cancellation Procedure (if applicable):

Instructor Notified (date) _____ Support Staff Notified (date) _____

Participants Notified (date) _____ Request for reimbursement filed (date) _____

Reimbursements complete (date) _____

Notes/Suggested Recommendations:

