



CLASS PROPOSAL FORM

El Dorado Hills CSD
Attn: Brittney Teems, Recreation Supervisor
1021 Harvard Way · El Dorado Hills, CA 95762
(916) 614 - 3207 • bteems@edhcsd.org

I. Instructor Information

Name: _____ email: _____

Address: _____
street city state zip

Home Phone: () _____ Cell Phone: () _____

A. Experience and background for proposed class or activity.

B. References (Personal and professional):

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

II. Program Information

Session Period: Winter/Spring (Jan-April) Summer (May-August) Fall (Sept-Dec)

A. Proposed Class Title: _____

B. Class/ Activity description as you would like to see it in advertising: _____

D. Desired class or activity length:

E. Preferred days of the week and time:

of hours: _____ # times per week: _____ # of weeks: _____

1st choice: Day _____ Time _____

2nd choice: Day _____ Time _____

F. Recommended class or activity fee: \$ _____

(Fee include 30% - 40% class revenues along with a \$4 - \$6 administrative fee per participant retained by the CSD)

G. Recommended materials fee: (If not included in class or activity fee): \$ _____

Please state if student is to purchase on own or from instructor? _____

If necessary please attach necessary materials/supply list.

H. Enrollment requirements:

I. Participants age range: _____ to _____

(El Dorado Hills CSD requires a fingerprint check/clearance for all Independent Contractors who work with minors.)

J. Equipment Requested:
