



# BROOKFIELD PARKS & RECREATION CLASS PROPOSAL FORM

## INSTRUCTOR INFO:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Qualifications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## CLASS INFO:

Course Name (For Program Brochure): \_\_\_\_\_

Age Group (Circle all that apply): Tots/Preschool   Grades K-1   Grades 2-4   Grades 5-8   Grades 9-12

Adults   Seniors

What is the preferred day and time you would like to hold the class? Please include all options.

\_\_\_\_\_

What is ideal time and length of this program? (i.e. 4/6/8 week session for 1 hour each, one time meeting)

\_\_\_\_\_

What would be the maximum number of participants in a class? \_\_\_\_\_

Description of Course:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What materials are needed for the class? Can you provide or would they need to be purchased?

\_\_\_\_\_  
\_\_\_\_\_

Have you taught this course elsewhere? If so where?

\_\_\_\_\_

Today's Date: \_\_\_\_\_

Please return this form to Dan Gagne. 162 Whisconier Rd. Brookfield, or email [dgagne@brookfieldct.gov](mailto:dgagne@brookfieldct.gov)

