



Brookfield Parks & Recreation Class Proposal Form

Instructor's Name: _____

Address: _____

Telephone: Daytime: _____ Evening: _____ Email: _____

Course Name: (suitable for our program booklet) _____

Brief Course Description: (what the participants will gain from attending) _____

Day(s) of week that you can teach: _____

Time of day class would be held: _____

Amount of time needed to complete course objectives: (i.e. four 2 hours sessions, eight 1 hour sessions) _____

Age level of students (circle all that apply):

Tots/Preschool Grades K - 1 Grades 2 - 4 Grades 5 - 8 High School Adults

What would be the minimum and maximum number of students in the class? _____

Provided Materials: _____

Estimated Materials Cost: _____

Participant Supplies Needed: (i.e. smock) _____

Have you taught this class before? _____ If yes, where and when? _____

What are your qualifications to teach this class? (attach resume if you prefer) _____

Please complete and return to:

Brookfield Parks & Recreation

Attn: Mary McGuirk Knox

P.O. Box 5106

Brookfield, CT 06804

203-775-7310 (phone), 203-775-5244 (fax)