



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?

Please return this form to Dan Gagne. 162 Whisconier Rd. Brookfield, or email dgagne@brookfieldct.gov