

## **CITY OF FULLERTON**

## **Contract Class Proposal**

**EXHIBIT** A

INSTRUCTOR/ OGANIZATION INFORMATION					
Name:					
Address:					
City/State/Zip:					
Primary Phone:	Alternate Phone:				
Email Address:					
Website (if applicable):					
EXPERIENCE					
Occupation:					
Present Employer:					
Education:					
Please list any specific training, certificates, licenses you hold:					
PROFESSIONAL REFERENCES					
1. Reference Name:	Relationship:				
Email:	Phone Number:				
2. Reference Name:	Relationship:				
Email:	Phone Number:				
3. Reference Name:	Relationship:				
Email:	Phone Number:				
Please list any other departments where you teach or have	taught in the past:				



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**EXHIBIT** A

COURSE INFORMATION						
Course Type(s):						
Course Description(s):						
Course Goals:						
Participant Ages:		Class Size Minimum:			Class Size Maximum:	
Course Fee (a \$5 administrative fee which is not split with instructors will be applied):						
Lab/Material Fee	al Fee (if any):		Supplies	Supplies students need to bring/purchase (if any):		
For:						
PROPOSED CLASS MEETINGS						
First Choice	Day(s):			Time:		
Second Choice	Day(s):			Time:		
Third Choice	Day(s):			Time:		
ROOM/SPACE REQUESTS						
What type of room/space does your class require?						
☐ Classroom ☐ Dance/Fitness Studio ☐ Outdoor ☐ Large Hall/MPR ☐ Gym ☐ Personal location						
What amenities are requested?						
☐ Tables #☐ Chairs #						
☐ Whiteboard ☐ Sink ☐ Mirrors						
☐ Carpeted Flooring ☐ Tile/Laminate Flooring ☐ Wood Flooring						
□ Other:						

FORMS MUST BE FILLED OUT COMPLETELY IN ORDER FOR THE CLASS TO BE CONSIDERED. PLEASE RETURN TO: