



Instructor Bio – Qualifications/Highlights related to class:

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Target Audience: \_\_\_\_\_

Minimum Age Requirement: \_\_\_\_\_ Class Size Limit: \_\_\_\_\_

Suggested Class Fee: \$ \_\_\_\_\_

Materials Fee:  None  Optional  Required Materials Fee \$ \_\_\_\_\_

What will the materials fee cover? \_\_\_\_\_

Dates, Days and Times of Proposed Classes:

	Dates of Meeting	Day - Sun, M, T, W, R, F, Sat	Start Time	End Time	# of meetings
Session 1					
Session 2					
Session 3					
Session 4					

Classroom Requirement: \_\_\_\_\_

Audio Visual Needs: \_\_\_\_\_

**PLEASE RETURN COMPLETED PROPOSAL TO:** Angela Sellers  
 CCCC Community Education  
 3000 College Heights Blvd  
 Ridgecrest, CA 93555

<b><u>FOR OFFICE USE ONLY</u></b>		
	<b><u>PROPOSAL</u></b>	<b><u>Contract</u></b>
	Reviewed <input type="checkbox"/>	Date Sent _____
	Accepted <input type="checkbox"/>	Received _____
	Term _____	Admin Approval _____
		Payment Agreement _____
		<b><u>Date Received</u></b> _____
		<b><u>Classroom</u></b>
		Room # _____
		A/V Request <input type="checkbox"/>
		M&O Notified <input type="checkbox"/>