



CITY OF WATSONVILLE
Parks & Community Services Department
231 Union Street
768-3240

CLASS PROPOSAL FORM

Instructor Information

Instructor _____	<input type="checkbox"/> Winter/Spring	<input type="checkbox"/> Summer/Fall	Year: _____
Address _____	City _____	Zip _____	
Phone _____	Cell _____		
Email _____	Social Security # _____		
Students may contact me by	<input type="checkbox"/> Phone	<input type="checkbox"/> Cell	<input type="checkbox"/> Email <input type="checkbox"/> None
Do you have bilingual Spanish skills? (not required)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Class Information

Class Name _____	
Objectives of the Class:	
1. _____	
2. _____	
3. _____	
Class Description (printed in activity guide, 150 word max.):	
_____ _____ _____ _____	
Facility Requirements (tables, chairs, etc.):	
_____ _____	
Supplies students should bring, buy, or wear to class (be specific):	
_____ _____	
Session 1	Session 2
Start date: _____ End date: _____	Start date: _____ End date: _____
Number of weeks: _____	Number of weeks: _____
Day(s) to meet: _____	Day(s) to meet: _____
Hours: From _____ To _____	Hours: From _____ To _____
No class on (holiday observation): _____	

PLEASE COMPLETE BOTH SIDES OF THIS FORM

Ages (include specific ages): Children _____ Adults _____ Seniors _____	Fees: Program/Class Fee \$ _____ Materials Fee \$ _____ List materials:
Minimum # participants _____ Maximum # participants _____	
Location – First Choice _____	Location – Second Choice _____

Instructor References

Please list at least two references that may be contacted in regards to your class proposal.

Name	Address	Phone
_____	_____	_____
_____	_____	_____

Please attach any applicable flyers, letters of recommendation, résumés, etc.

PLEASE SEND COMPLETED FORM TO:
 Watsonville Parks & Community Services
 231 Union Street
 Watsonville, CA 95076
 Fax: (831) 763-4078

FOR OFFICE USE ONLY

Class Details:

Percentage Pay _____ Registration Deadline: _____ Location of Class _____
 Outreach Strategy _____
 Approved _____ Not Approved _____ Date _____ Approved by: _____
 Class Held? YES / NO Number of participants: _____
 # of Surveys Received _____ % of participants satisfied with class _____%

Rescheduling:

New Start Date _____ New End Date _____ New Times _____ - _____

Cancellation Procedure (if applicable):

Instructor Notified (date) _____ Support Staff Notified (date) _____ Participants Notified (date) _____
 Request for reimbursement filed (date) _____ Reimbursements complete (date) _____
 Notes/Suggested Recommendations: _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM

Class Planner

(Submit one for each new class request - make copies as needed)

Class Name: _____

Instructor Name: _____

Course Objectives:

1. _____
2. _____
3. _____

Class 1 Date _____

Class objective _____

Activity 1 _____

Activity 2 _____

Activity 3 _____

Test/HW _____

Class 2 Date _____

Class objective _____

Activity 1 _____

Activity 2 _____

Activity 3 _____

Test/HW _____

Class 3 Date _____

Class objective _____

Activity 1 _____

Activity 2 _____

Activity 3 _____

Test/HW _____

Class 4 Date _____

Class objective _____

Activity 1 _____

Activity 2 _____

Activity 3 _____

Test/HW _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM

Class 5 Date _____

Class objective _____

Activity 1 _____

Activity 2 _____

Activity 3 _____

Test/HW _____

Class 6 Date _____

Class objective _____

Activity 1 _____

Activity 2 _____

Activity 3 _____

Test/HW _____

Class 7 Date _____

Class objective _____

Activity 1 _____

Activity 2 _____

Activity 3 _____

Test/HW _____

Class 8 Date _____

Class objective _____

Activity 1 _____

Activity 2 _____

Activity 3 _____

Test/HW _____

Class 9 Date _____

Class objective _____

Activity 1 _____

Activity 2 _____

Activity 3 _____

Test/HW _____

Class 10 Date _____

Class objective _____

Activity 1 _____

Activity 2 _____

Activity 3 _____

Test/HW _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM