



**SEASIDE**  
**CALIFORNIA**

# Class Proposals for Independent Instructors

Parks and Recreation Division  
986 Hilby Avenue, Seaside CA 93955  
831-899-6800 | www.ci.seaside.ca.us

**Instructor's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Business/Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Website Address:** \_\_\_\_\_

**Course Title:** \_\_\_\_\_ **Projected Start Date:** \_\_\_\_\_

Detailed Course Description:

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Course Objectives:

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Learning Objectives/Benefits:

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Class description that will appear in City of Seaside programming guide:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Participant's Ages:** \_\_\_\_\_

**Class Session Length:**

1 Day     2 Days     4 Weeks     5 Weeks     Other: \_\_\_\_\_

*If program is 5 consecutive days long or longer, please list weeks you would like:* \_\_\_\_\_

**Class Schedule: (Please list 1<sup>st</sup> and 2<sup>nd</sup> choices)**

Monday     Tuesday     Wednesday     Thursday     Friday     Saturday     Sunday

1<sup>st</sup> Choice                                      Start Time: \_\_\_\_ AM/PM                                      End Time: \_\_\_\_ AM/PM

2<sup>nd</sup> Choice                                      Start Time: \_\_\_\_ AM/PM                                      End Time: \_\_\_\_ AM/PM

**Number of Sessions:** \_\_\_\_\_    **Start days for each session:** \_\_\_\_\_

**Class Fee Resident:** \$ \_\_\_\_\_    **Class Fee Non-resident:** \$ \_\_\_\_\_

**Minimum number of students per class:** \_\_\_\_    **Maximum number of students per class:** \_\_\_\_

**Type of Facility Requested:** \_\_\_\_\_

**Supplies fee / additional costs (if any):** \_\_\_\_\_ *Additional fee not included in class fee*

Describe: \_\_\_\_\_

*In order to assist us in properly evaluating your proposal, please attach a copy your resume or other pertinent trainings, certifications, etc.*

**References:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_