

## Leisure Class Information

Date: \_\_\_\_\_

Instructors Name (Printed): \_\_\_\_\_

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

Instructors Phone Number:  
(Home) \_\_\_\_\_  
(Cell) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Proposed Class: \_\_\_\_\_

Description of Class: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Length of Class (i.e. Monthly): \_\_\_\_\_

Days: \_\_\_\_\_

Times: \_\_\_\_\_

Proposed Fees – Instructors are compensated at a rate of 80% of resident fees.  
(25% difference for Resident & Non-Resident):

	Resident
	Non-Resident

Business or Personal: \_\_\_\_\_

Facility would prefer:  
1<sup>st</sup> Choice: \_\_\_\_\_  
2<sup>nd</sup> Choice: \_\_\_\_\_  
3<sup>rd</sup> Choice: \_\_\_\_\_

Submittal of this form does not ensure a class offering. If the class is offered through the Recreation Office you will have to submit a W-9 and sign an Outside Instructor Policy Agreement. If you have any brochures or flyers, please submit them also.