



FLUVANNA COUNTY PARKS AND RECREATION

CLASS PROPOSAL FORM

Instructor: _____

Address: _____

Phone Number: Day: _____ Evening: _____

Email Address: _____

General Class Information:

Program/Class Title _____

Course Description: (Full Description for Program Guide)

Program/Class offered during which Program Guide (Please circle all that apply)

January - April

May - August

September - December

Days of week you would like to offer class: (Please circle all that apply)

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Proposed Start Date: _____

Proposed End Date: _____

Time: From: _____ am/pm

To: _____ am/pm

Age Group: From _____ To: _____ years old

Proposed Fee Charge for Class: _____

Minimum Number of Students: _____

Maximum Number of Students: _____

Special Facility/Equipment Needs (Please be specific)

**** Note: The Instructor will receive 70% & Fluvanna County Parks and Recreation will receive 30% of Class Fee ****