

Auburn Recreation District
Course Proposal for Instructors

Instructor's Name: _____

Business/Organization: _____

Address: _____
Street ,City, Zip

Day Time Phone _____ **Evening phone** _____

E-mail Address _____

Web Site Address _____

Brochure Edition (please circle) Fall, Winter/Spring, Summer

Course Title: _____

Participant's Age: _____

Day(s): _____

Dates: _____

Time(s): _____ am/pm to _____ am/pm

Course Fee: _____

Additional materials fee you will collect (if applicable): _____

Class size (# of Students) Minimum: _____ Maximum: _____

Supplies or materials students need to bring or wear to class :

Any experience or prerequisites required of students before taking the class?

Detailed Course Description: For additional space, please continue on the back.

Please submit a copy of literature, handbooks or forms that you will pass out in class as part of this proposal.

To Whom Should Checks be made payable? Instructor _____ Business _____

Social Security/Tax I.D. number: _____

Instructor Acknowledgement

I acknowledge that I have read, accepted and understand the information and conditions that involve me and/or my company contracting as an Independent Contractor with the Auburn Recreation District.

Individual's Signature

Date