

Moberly Parks and Recreation

Class Proposal Form

Instructor Name: _____ Home Phone: _____

Business Name: _____ Work Phone: _____

Address: _____ City: _____ Zip: _____

E-Mail: _____

Class Title: _____

Class Description

Minimum # of students _____ Maximum # of students _____

Preferred Class day (i.e. Mondays) _____

Preferred Time of Day: _____ Number of Weeks _____

Proposed length of class (Hours) _____ Proposed Instructor Fee: _____

Is a supply fee required: (yes or no) _____ How much? _____

Please attach any additional Materials.

Return to:

Moberly Parks and Recreation

200 North Clark Street

Moberly MO 65270

Phone 660-269-8705 ext 2040

Fax 660-263-6770