

# COURSE PROPOSAL FORM

Mount Clemens Parks & Recreation

300 N. Groesbeck, Mount Clemens MI 48043

Phone: 586-469-6800 ext. 520

Email: [Isbeeler@mountclemens.gov](mailto:Isbeeler@mountclemens.gov)

## INSTRUCTOR INFORMATION

First Name:	Last Name:	Date:
Business Name (If applicable):		
Street Address:		
City:	State:	Zip:
Email:	Phone #:	
Title of Proposed Class:		
Proposed Class Description (50 Words Max.):		
Have you taught this class before?		

## CLASS REQUIREMENTS

Age Min.:	Age Max:	Min. #:	Max. #	Add. Material Fee:
Items Provided:				
Items Participant Brings:				

## FACILITY PREFERENCE (not guaranteed)

1st Choice:	2nd Choice:	3rd Choice:			
Room Requirements:					
Day(s)	Start/End Date(s)	No Class Date(s)	Start/End Time(s)	# of Class Sessions	Fee

## REFERENCES (Two Professional)

Full Name:	Affiliation:	Phone #
Full Name:	Affiliation:	Phone #

*Contract Instructors are contracted with the City of Mount Clemens to provide instruction for specialty recreation activities, and are therefore not employees of the City of Mount Clemens. Contract instructors shall be dismissed at any time if Mount Clemens Recreation finds their instruction to be inadequate or their behavior, attitude, or appearance to be unacceptable. I release all individuals who provide information to the City of Mount Clemens from all liability regarding the use of provided information.*

\_\_\_\_\_  
Instructor's Signature



\_\_\_\_\_  
Date