Saddleback Valley Unified School District Community Services

New Instructor Class Proposal

# Please complete entire form

|  |  |
| --- | --- |
| Business/Organization |  Click here to enter text. |
| Contact Person | Click here to enter text. |
| Address | Click here to enter text. |
| City, State | Click here to enter text. | Zip | Click here to enter text. |
| Telephone | Click here to enter text. | Email | Click here to enter text. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Session(s) | Winter ☐ | Spring ☐ | Summer | ☐ Fall ☐ |
| # of weeks | Click here to enter text. | Day(s) | Mon ☐ | Tue ☐ | Wed ☐ | Thu ☐ | Fri ☐ | Sat ☐ |

|  |  |
| --- | --- |
| Suggested Class Title | Click here to enter text. |
| Class Description(must be 45 words or less) | Click here to enter text. |
| Proposed Class Fee | Click here to enter text. |

|  |  |
| --- | --- |
| Where will the class be located? | School Facility ☐ Indoor ☐ Outdoor ☐ |
| Other ☐ Please specify: Click here to enter text. |

|  |
| --- |
| Is there any additional cost to the participants? Yes ☐ No ☐ |
| Material Fee\* | Click here to enter text. |

|  |
| --- |
| \*This fee should not be included in the class fee. |
| What does this fee include? | Click here to enter text. |
| Where will students purchase materials? | Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| Preferred Time(s) | Morning ☐ Afternoon ☐ Evening ☐ | Length of Class | Click here to enter text. |
| Class Min/Max | Click here to enter text. | Age Min/Max | Click here to enter text. |

|  |  |
| --- | --- |
| Specific equipment needed | Click here to enter text. |
| Past experience in teaching this program | Click here to enter text. |
| References |
| Name | Organization | Phone Number |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

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| Can the public contact you for more information? Yes ☐ No ☐ |
| If so, what is your correct public contact information? | Click here to enter text. |

# Return this form to the Community Services Department

|  |  |
| --- | --- |
| **Email** | communityservices@svusd.org |
| **Fax** | (949) 454-0790 |
| **Mail** | 25631 Peter Hartman Way Mission Viejo, CA 92691Attn: Community Services Department |

**We will review it for our upcoming session and contact you if we are able to offer your class(es).**