



*Empower. Inspire. Achieve.*

# Class Proposal Form

Instructor Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_

City/Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Fax Number \_\_\_\_\_

Make check payable to: \_\_\_\_\_

**Class Title:**

**Class Description:**

Please describe your class in 50 words or less. (or attach your class description) If you are using the same description from a previous catalog, please indicate this.

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Instructor Biography: provide information that we can share regarding your qualifications/background

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[Redacted]						

What time would you like to have your classroom open? \_\_\_\_\_

Equipment needed \_\_\_\_\_

Supply cost (per student):

- Included in class fee. Cost: \_\_\_\_\_
- Collected by instructor at class. Cost: \_\_\_\_\_

Will you have handouts that will need to be duplicated by Community Education?  
(please have to the CE office 5 days prior)

- Yes
- No

Instructor fee: \$ \_\_\_\_\_

***Return this form to:***

Annandale Community Education  
655 Park St. E  
Annandale, MN 55302  
Phone: (320) 274-3058 Fax: (320) 274-2862  
Email: [jsommers@isd876.org](mailto:jsommers@isd876.org) or [tgrube@isd876.org](mailto:tgrube@isd876.org)

**~Office Use~**

Class fee: \_\_\_\_\_  
Instructor rate of pay: \_\_\_\_\_  
Classroom Reserved: \_\_\_\_\_  
Class Activity Code: \_\_\_\_\_