Annandale and Maple Lake Community Education
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.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Instructor Biography: provide information that we can share regarding your qualifications/background
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
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**Complete back side of form**
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: $__________