



Westonka Community Education & Services

Enrichment Class Proposal Form

Instructor Name _____ Home Phone _____

Address _____ Work Phone _____

City/Zip _____ Fax Number _____

Email _____

Make check payable to: _____

Class Title:

Class Description:

Please describe your class in 50 words or less. 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

Day(s) of week	Class Dates	Time		No. of Sessions	No. of Students		Dates class will not meet
		Beg.	End		Min.	Max.	

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 Westonka Community Education? (please have to the CE office 5 days prior)

- Yes
- No

Instructor fee: \$ _____

Return this form to:
 Carley Olsem
 Westonka Community Education & Services
 5901 Sunnyfield Road East
 Minnetrista, MN 55364
 Fax: 952.491.8043 Phone: 952.491.8045
 Email: olsemc@westonka.k12.mn.us

~ Office Use ~

Class fee: _____
 Instructor rate of pay: _____
 Classroom Reserved: _____
 Class number _____