

**YOUTH ENRICHMENT COURSE PROPOSAL**

**Instructor Information**

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| --- | --- | --- | --- | --- | --- |
| Name | | | Date | | |
| Address | | City | | | State & Zip Code |
| Work Phone | Home Phone | | | Cell Phone | |
| Email Address | Emergency Contact | | | Phone | |
| Class Related Blog, Website, Facebook Page, etc | | | | | |

**Course Information**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Course Title | # of Sessions | Day(s) of Week | Set-up time | Class Start & End Time | Clean-up Time | Type of Room Needed | Start Date | End Date | Skip Dates |
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| Course Description: Complete description as you wish it to appear in the Community Education brochure. If participants are expected to bring anything to the class, special clothing or if there is a supply fee please indicate that information as well. (Descriptions may be edited for space or content.) |
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**Instructor Bio**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Class Maximum Class Minimum Instructor Compensation: In Kind Per Student Percent of Revenue 60%

**Facilities, Supplies and Equipment**

Technology or audio visual equipment (limited availability):  
Special Facility needs:  
Other Facility/Equipment requests:

West St. Paul-Mendota Heights-Eagan District Office  
1897 Delaware Ave., Mendota Heights, MN 55118  
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E-mail: [melanie.demulling@isd197.org](mailto:melanie.demulling@isd197.org) • Website: www.tridistrictce.org