

ACTON RECREATION DEPARTMENT

Located at 50 Audubon Drive, Acton, MA, 01720
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978.929.6640 (press 0 to get through to office)
978.929.6333 (fax)
recreation@actonma.gov

INSTRUCTOR PROPOSAL FORM

INSTRUCTOR NAME:	
Business Address:	
Office Phone:	Cell phone:
Email Address:	Website:

CLASS DESCRIPTION

IF YOU WANT/NEED TO GIVE MORE INFORMATION ABOUT THE CLASS, IT CAN BE ADDED ONLINE.
PLEASE PROVIDE ON ADDITIONAL PAGE ANY LONGER DESCRIPTIONS.

100 WORDS OR LESS (DUE TO PRINTED BOOKLET LIMITATIONS):

MATERIALS NEEDED FOR CLASS NEEDED BY PARTICIPANT:

MATERIALS SUPPLIED BY INSTRUCTOR:

FOR EACH SESSION OFFERED UNDER A CLASS PLEASE PROVIDE:

SESSION ONE

Class Day(s):

Class Dates (please list out date(s):

Class Time:

Please note that we do a 70% instructor / 30% recreation dept. split on participant fee
Fee that you want per participant:

Location of class:

Min participants:

Maximum participants:

Instructor Name:

SESSION TWO

Class Day(s):

Class Dates (please list out date(s):

Class Time:

Please note that we do a 70% instructor / 30% recreation dept. split on participant fee
Fee that you want per participant:

Location of class:

Min participants:

Maximum participants:

Instructor Name:

CLASS CONTINUED – NAME:**SESSION THREE**

Class Day(s):

Class Dates (please list out date(s)):

Class Time:

Please note that we do a 70% instructor / 30% recreation dept. split on participant fee
Fee that you want per participant:

Location of class:

Min participants:

Maximum participants:

Instructor Name:

SESSION FOUR

Class Day(s):

Class Dates (please list out date(s)):

Class Time:

Please note that we do a 70% instructor / 30% recreation dept. split on participant fee
Fee that you want per participant:

Location of class:

Min participants:

Maximum participants:

Instructor Name:

SESSION FIVE

Class Day(s):

Class Dates (please list out date(s)):

Class Time:

Please note that we do a 70% instructor / 30% recreation dept. split on participant fee
Fee that you want per participant:

Location of class:

Min participants:

Maximum participants:

Instructor Name:

SESSION SIX

Class Day(s):

Class Dates (please list out date(s)):

Class Time:

Please note that we do a 70% instructor / 30% recreation dept. split on participant fee
Fee that you want per participant:

Location of class:

Min participants:

Maximum participants:

Instructor Name:

INSTRUCTOR BIO (ONLINE):