



CITY OF STANTON - COMMUNITY SERVICES

Contract Class Proposal

INSTRUCTOR: _____ COMPANY NAME: _____ DATE: _____

ADDRESS: _____ CITY/ZIP CODE: _____

HOME PHONE: _____ CELL: _____

EMAIL ADDRESS: _____

SUGGESTED CLASS TITLE: _____

PLEASE WRITE A BRIEF 25-40 WORD DESCRIPTION OF YOUR PROPOSED CLASS(ES):

PREFERRED DAY(S) OF THE WEEK: _____ SETUP/CLEANUP TIME: _____

CLASSES PER SESSION: _____ LENGTH OF SESSION (WEEKS): _____ PREFERRED TIME: _____

MIN/MAX AGE: ___/___ MIN/MAX NUMBER OF PARTICIPANTS: ___/___

PROPOSED FEE: _____ IF CHARGING A MATERIALS FEE, PLEASE SPECIFY: _____

LOCATION/FACILITY TYPE: *Classroom* *Field* *Stage* *Other* _____

WHEN TO BE OFFERED: *Fall/Winter* *Spring* *Summer* *Year Around*

PLEASE LIST TWO (2) PROFESSIONAL REFERENCES:

Name

Phone

Relationship

Signature

Date

Please attach your resume, course outline and any other supplemental information that may assist us in reviewing your proposal. Thank you for your interest in offering classes to our community. You will be contacted after review of your application. Please call (714) 890-4271, if you have any questions.

Return form to:
City of Stanton
Attn: Kendall Wilson
Email: KWilson@StantonCA.gov
7800 Katella Avenue
Stanton, CA 90680