SPECIAL INTEREST CLASS PROPOSAL FORM

City of Goodyear: Recreation Division - Special Interest Classes

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 420 Estrella Pkwy., Goodyear, AZ, 85395



Contact In	formation	on								
Name:										
Address:					Apt #:					
City:					Zip Code:					
Day-time Phone:					Night-time Phone:					
Cell Phone:					E-Mail:					
Duanasad										
Proposed (Name of Class:		ormation								
Full Class Desc		ıse include special	requirements (i.e.	potty ti	rain) class stru	cture, what is to b	e taught, clas	s items to bring or	what to wear etc)	
Class Size:				Т	Target Market/Ages:					
Space Needed: (class, fields, courts etc. does the city need to provide as part of partnership or this is something that you already have a studio or					Equipment/Supplies Needs: (does the city need to provide as part of partnership or this is something that you already have and account for as part of registration)					
location to host)	1113 13 30111011111	ng that you all cady	nave a studio or		i tilis is someth	ing that you all cady	nave and acco	sunt for as part of re	gistration,	
Instructor Availability	Days	Monday	Tuesday	We	ednesday	Thursday	Friday	Saturday	Sunday	
	AM									
	PM									
Sessions: (4-weeks, 8 weeks, per workshop etc.)										
Scheduling Pre	ference (or	nce a week. tv	vice a week. e	etc.:						
					Τ					
Length of Class Period:					Estimated Class Fee:					

Prior Experience								
Please list experience, certification and/or training yo	ou have that applies to the class	proposal:						
Agency:	Contact:	Phone:						
Description:		Dates:						
Agency:	Contact:	Phone:						
Description:		Dates:						
Do you carry liability insurance?								