



Recreation Class Proposal Form

Please complete the form below and return to:
Lakewood Parks, Recreation and Community Services
ATTN: Amanda Richardson
6000 Main Street SW
Lakewood, WA 98499

Class Title: _____
Instructor: _____

Instructor Contact Information:

Home Phone: _____ Cell Phone: _____
Address: _____
E-Mail Address: _____

Class Information:

Class Title: _____
Class Description: _____

Day(s) of the Week: _____ Time: _____
Age Range: _____ Cost: _____

Our next brochure runs from January 1, 2011 through April 1, 2011. Please list below when you would like the classes to run.

Session A: _____ through _____
Session B: _____ through _____
Session C: _____ through _____
Session D: _____ through _____

Notes:

- Class days and times are dependent on facility availability
- Please include in your description and required supplies, uniforms, etc.