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.