

Class Proposal

Margaret Todd Senior Center
1560 Hill Road
Novato, CA 94947
Phone: (415) 899-8290
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PERSONAL INFORMATION

Name:

Date:

Home address:

City, State, Zip:

Email address:

Home phone:

Business phone:

CLASS INFORMATION

Title:

Class fee:

Day(s): Mon Tues Wed Thur Fri Sat

Materials fee:

Time(s): Mornings

Afternoons

Evenings

Ages: Preschool

5 - 12

12 - 18

18+

Class size:

Minimum: _____

Maximum: _____

Session dates: One day only = Date: _____

or

No. of weeks: _____ Start date: _____ End date: _____

Desired location:

Brief description of class (for Activity Guide): _____

REFERENCES

Attach resume and references

Please return this form to:
Margaret Todd Senior Center
Attn: Center Director
1560 Hill Road, Novato, CA 94947