

Online:

Adult Ed New Program

Program Title: _____

Instructor: _____ Certification: _____

Address: _____

Email: _____ Cell Phone: _____

Instructor Bio: Please attach

Program Description: Please attach

Equipment Participants Must Bring: _____

Program Eligible for: Male Female Coed Instructor Minimum/Max: _____

Circle Days Offered: Mon Tues Wed Thurs Fri Sat

Total Number of Weeks: _____ Total Number of Classes: _____

Start Date: _____ End Date: _____ Start Time: _____ End Time: _____

For Office Use Only

Snow Date: _____ Snow Date: _____ Snow Date: _____

New End Date: _____ New End Date: _____ New End Date: _____

Location (Building and Room #, Field): _____

Equipment/Supplies Needed from MCSUP: _____

Pay/Hour \$ _____ or Pay/Student \$ _____ Total # of Hours to be Paid _____

Pay for Instructor \$ _____ Supplies \$ _____ Memorial Hall Cost \$ _____

Total Cost of Program \$ _____ Office Income \$ _____ Profit/Loss Attached

Residents Cost \$ _____ Non Resident Cost \$ _____

Office Approved Min/Max: _____ Notes: _____

Date: _____ Approved By: LM LK TV

CORRECTED: