

Online:

Children's New Program

Program Title: \_\_\_\_\_ Grades: \_\_\_\_\_ Ages: \_\_\_\_\_

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: \_\_\_\_\_

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**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

CORI RCVD: