

Course Proposal Form

South Washington County Schools, Community Education



INSTRUCTOR INFORMATION

Name: _____ Company: _____

Address: _____ City/Zip: _____

Email: _____ Daytime Phone: _____

Preferred Contact: _____ phone _____ email _____ Other Phone: _____

Instructors: please attach a brief biography reflecting credentials/experience as well as a photo. Information will appear on our website.

COURSE INFORMATION

Course Title				Preferred Grades:		Minimum Students: Maximum Students:	
School/Location	Day(s) of the Week	Start Date	End Date	Skip Dates	# of Sessions	Begin Time	End Time

COURSE DESCRIPTION

Brief, persuasive, and fun. Stress benefit to participant. **Please keep text BRIEF.** We reserve the right to edit.

RETURN COMPLETED FORM TO:

Gretchen Carlson (Adult Enrichment) gcarlson@sowashco.org Sue McKeown (Youth Enrichment)
smckeown@sowashco.org Todd Feustal (Camps & Clinics) tfeustel@sowashco.org