



Instructor Course Proposal

Course Name: _____ Instructor Name: _____

Address: _____

Email Address: _____

Daytime Contact Number: _____ Evening Contact Number: _____

Type of Activity (description): _____

Instructor Qualifications: _____

Participants Targeted: _____ Adult: _____ Youth Ages: _____

Number of Classes per Session: _____ Preferred Day(s): _____ Preferred Times: _____

Number of Class Hours: _____ Enrollment: Minimum: _____ Maximum: _____

Class Fee: _____ Seasons course offered: _____

Previous class history with the City of Corning (if applicable): _____

Please submit to CorningRecProgram@Corning.org or return to City Hall at 794 3rd St. Corning, CA 96021

CITY USE ONLY BELOW

APPROVED BY: _____ DATE APPROVED: _____