



City of Laguna Hills
Community Services Department
Contract Class Proposal

Instructor Name: \_\_\_\_\_ Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Suggested Class Title(s):
A. \_\_\_\_\_
B. \_\_\_\_\_

Please give a 25 - 50 word description of your class:

Number of sessions per quarter: \_\_\_\_\_ Length of each session: \_\_\_\_\_

Preferred day(s) of the week: \_\_\_\_\_ Preferred time(s): \_\_\_\_\_

Minimum AGE of students: \_\_\_\_\_ Maximum AGE of students: \_\_\_\_\_

Minimum NUMBER of students\*: \_\_\_\_\_ Maximum NUMBER of students: \_\_\_\_\_
\* Minimum may be no less than three

Cost per person: \_\_\_\_\_ Material fee, if applicable: \_\_\_\_\_

What type of facility do you need? (Check all that apply)

- Gym, Classroom, Dance floor, Carpeted Classroom, Field, Own facility, Other

What promotional efforts will you devote to this program? \_\_\_\_\_

Please list two (2) professional references:

Table with 3 columns: Name, Phone Number, Relationship. Rows 1 and 2.

Please attach your resume, outline of qualifications (including teaching methods), class outline, sample lesson plan, previous promotional materials and/or any other supplemental material that may assist us in reviewing your proposal. If you will be hiring employees/sub-contractors please include curriculum on which these people will be trained.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your interest in offering classes to our community. You will be contacted after review of your application. Please call (949) 707-2686 if you have any questions. Return form to: