



Prior Lake-Savage Area Community Education Adult Class Planning Form

Title of Class: _____ Age/Grade Specifications: _____

Please give a brief description of the class for the catalog. Be specific about what participants will learn and how it will benefit them. Also list supplies participants will need to bring to class (if applicable).

Class Date(s): _____ Number of Sessions: _____

Class Starting Time: _____ Class Ending Time: _____

Class Minimum: _____ Class Maximum: _____

Supplies Required for Class: _____ Cost of Supply per person: _____

Supplies payable to CE (Include in tuition)

Supplies payable to Instructor at class

Requested Instructor Pay Rate: _____ Per Person Percentage

Hourly Flat Rate

Instructor's Name: _____

Business/Organization Name: _____

Business Phone: _____ Website: _____

Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Instructor Bio: _____

_____ more space on back.

Return to: Community Education, 4540 Tower St SE, Prior Lake, MN 55372

Phone: 952-226-0085 Fax: 952-226-0099 Email: jnagy@priorlake-savage.k12.mn.us

Office Use:

Technology Needs: _____ Building or Space Needed: _____

Given Background Check

Given Instructor Handbook

Given Instructor Agreement