

Prior Lake-Savage Area Schools Community Education  
Class Planning Form



Title of Class: \_\_\_\_\_ Age/Grade Specifications: \_\_\_\_\_

Please give a brief description the class for the catalog:

Day(s) of the Week: \_\_\_\_\_ Class Dates: \_\_\_\_\_

Skip Dates: \_\_\_\_\_ Total Number of Class Sessions: \_\_\_\_\_

Class Start Time: \_\_\_\_\_ Class End Time: \_\_\_\_\_ Class Size: Min \_\_\_\_/Max \_\_\_\_

Class Rate: \_\_\_\_\_ Requested Instructor Rate: \_\_\_\_\_  Per person  Percentage  
Set by Community Ed

Hourly  Flat Rate

Supplies Costs (Included in tuition): \_\_\_\_\_  Per Enrollment  Per class

List of supplies: \_\_\_\_\_

Instructor's Name \_\_\_\_\_

Business/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Instructor Credentials: \_\_\_\_\_

Instructor Biography Related to Class (use back if needed or send separately):

Facility Needs/Special Set-Up Requirements: \_\_\_\_\_

Technology Needs: (circle) LCD Projector/Screen Computer Other: \_\_\_\_\_

Do you require printing/copying? (Required minimum of 10 days prior to class) \_\_\_\_ YES \_\_\_\_ NO

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