

Session: _____

Year: _____

Four Valleys Community School

Class/Activity Description Form

Please fill out form **completely!**

CLASS #: _____

Entered by: _____

Date entered: _____

Class Name: _____

To be held at _____ (Facility)

Class is (circle one): Cultural Educational Recreational

Age Primary Category: Young Children _____ Children _____ Children & Tweens _____
Teens & Tweens _____ Teen & Adult _____ Adults _____ All Ages _____

Class Description: _____

_____ No Class dates: _____

Special notes and/or supplies to be provided by participants _____

Dates of Class: From _____ To _____ Day(s) of the week: _____ # Meetings: _____

Time: _____ AM/PM Genders involved: M F Coed

Minimum age: _____ Maximum age: _____ (please note; if you put 5 years, your class will allow only **up to** 5 years)

OR: Grades _____ to _____

Minimum # of participants _____ Maximum # of participants _____

When would you like registration for your class to close? _____

Supplies Provided by Instructor _____

Instructor(s) _____

Mailing address _____ City _____ State _____ Zip _____

Email address _____ Phone _____ Cell: _____

I have read and agree with the requirements of the "Instructor Agreement" AND have received a copy of the "Instructor Information and Guidelines"—and agree to abide by them.

➤ **SIGNATURE** _____ **date** _____

Please complete the information below if you would like to be a paid instructor:

Amount paid per hour _____ OR per student _____ Total \$ _____

W-4 complete

I-9 complete

For Office use only:

Instructor application on file: YES NO; Date requested _____

TOTAL Participant FEE: \$ _____

Entered in Activenet? (initial above)

Facility Reserved as Requested? _____ Date Confirmed? _____

Facility/Location _____

Class Programmed By _____