

City of San Pablo Recreation Division
2450 Road 20 San Pablo Ave. San Pablo, CA 94806
Phone 510.215.3088 savoyf@sanpabloca.gov

COURSE PROPOSAL FOR RECREATION CLASSES

If a question does not apply to your course, please write "N/A".
Incomplete proposals will not be considered.

Instructor Name: _____

Business/Organization: _____

Address: _____

Primary Phone: (_____) _____ Secondary Phone: (_____) _____

Email: _____

Please describe your background and experience (or attach a resume):

Please provide 3 references, including phone number or email:

Course Title

Course Description for marketing materials (30 words or less):

Course start date: _____ # of weeks: _____

Day of the week: _____ Time: _____

Any dates class will NOT be held (Holidays and/or Vacations):

Facility requested: _____

Facility/Set-up requirements (be specific: number of tables, chairs, where you would like them places; other equipment):

Participant Ages: _____ Fee: _____

Class Size (# of students): Minimum _____ Maximum _____

Lab fee: Yes () No () If yes, how much: _____

Supplies or materials students need to bring or wear to class:

Experience or prerequisites required before taking class:

