



380 SOUTH BATES STREET - BIRMINGHAM, MI 48009

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www.communityhouse.com

A unique setting for learning, meeting, celebrating . . .

Are you interested in sharing your expertise with others? If so, please complete this form and return it to The Community House Program Department.

Date: _____

Instructor Name: _____

Company (if applicable): _____

Address: _____

Phone (business): _____ (home): _____

Email: _____

Instructor Bio: Provide a brief description of your background and qualifications to teach the class:

Proposed Class Title:

Class Description: Please write a brief course description as you would like it to appear in our catalog. Refer to our current catalog online for an example. We reserve the right to edit as space dictates.

Proposed Schedule/Fees:

Monday Tuesday Wednesday Thursday Friday Saturday

Start Date: _____ # of Sessions: _____ Hours: from: _____ to _____

Registration Fee (per person): \$ _____ Materials Fee (per person): \$ _____

Max Class Size: _____ Min Class Size: _____

Have you taught this class before? If so, where? _____

What is your target audience for your class? Appropriate ages (adults, children, adult/child):

Thank you for submitting this proposal. We will contact you if we are able to offer this class