THE COMMUNITY HOUSE

BIRMINGHAM

380 S. Bates Street Birmingham, MI 48009

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Program Department Class Proposal Form

Date:
Instructor Name:
Company (if applicable):
Address:
Phone (business):
(cell/home <u>):</u>
Email:
Instructor Biography:
Have you taught at TCH before, if so, when and what did you teach?
Have you taught this class before? If so, where?
Why do you want to teach at The Community House?
What is your target audience for your proposed class? Appropriate ages (adults, children, adult/child):

Proposed Class Title:					
Class description: Please provide a c	ourse description. I	nclude goal	s, topics, possib	le projects ar	nd class format.
Proposed Schedule:Mon	Tue	Wed	Thu	Fri	Sat
Proposed Start Date:	# of Sessions: _		Hours: f	rom:	to
Proposed registration fee: \$ Materials Fee (per person): \$					
Max Class Size: Min Class Size:		_			

Thank you for your interest. We will contact you if we are considering your proposal.