



## South Bay Community Center Course Proposal Form

### COURSE PROPOSAL

Please fill out the following and send via e-mail to: [sbcc@sbcommunitycenter.net](mailto:sbcc@sbcommunitycenter.net). Please fill out a separate form for each course you would like to offer. Although we cannot guarantee that your course will be offered in the time, space or format that you recommend, we would like to work with you collaboratively to plan our program and successful future together.

**Course title:** We want to promote the idea of creative and exciting names for our courses. Please propose your course title here:

**Course Description:** Please write an eye catching advertisement for your class in no fewer than 50 words, and no more than 100 words here. Please specify any special materials needed.

**Audience:** Please describe your expected audience (ex. adults, children, etc.).

Expected class size (number): \_\_\_\_\_

Class Participants: Children \_\_\_\_\_ Adults \_\_\_\_\_ Seniors \_\_\_\_\_

Class Level: Beginning: \_\_\_\_\_ Intermediate: \_\_\_\_\_ Advanced: \_\_\_\_\_

**Marketing Plan:** Please suggest ways you would like SBCC to market your class, as well as ways you plan to market it outside of what we can do. If you have special connections for ad space and/or other distribution methods (access to an e-mail list you or we can use, etc.), please let us know here:

**Dates, Times and Places:** Please list your preferred times and days of the week you would like to conduct your classes. Note that these times/days are subject to scheduling by the SBCC so alternate times should be listed.

**How long will your course last?** Classes in general are held for a fixed term in order to determine user fees, if necessary. Please list the proposed hours per session, length of course and any materials fee if needed.

**Resume:** Please include a short (100-200 words) biography and explanation of your qualifications to teach your class. You may attach another sheet if needed.

**Do you have a current CPR certificate? Yes/No**

**Name of Instructor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email:** \_\_\_\_\_