PROGRAM OUTLINE

Program Title: ________________________________________________________________

Program Description (to be used in brochure. Please be brief): ____________________________
                                                                                       
                                                                                       
                                                                                       
Level: ______________________________ Number of Weeks: ________________________________

What session are you available to teach? Fall ______ Winter _______ Spring _______ Summer ________

When are you available to teach? (Please be specific: days of week/time frame)
                                                                                       
                                                                                       
What age group is this program offered to? _____________________________________________

Is there skill advancement in the program? _____________________________________________

Should there be other levels of this same program area offered? ___________________________

How many people per class do you feel you can handle? _________________________________

What type of equipment/supplies do you use/need? Would there be an extra cost to the participant? _______
                                                                                       
                                                                                       
What is taught in this class? Be as specific as possible. (add attachment if necessary) ________________
                                                                                       
                                                                                       
                                                                                       
Other comments/suggestions: ____________________________________________________________
                                                                                       
                                                                                       
                                                                                       