



City of Monterey Park
Recreation & Community Services Department
350 S. McPherrin Ave.
(626)307-1388

NEW COURSE PROPOSAL

Instructor Info:

Name: _____

Phone: _____

Address: _____

Email: _____

City, Zip: _____

Instructor Background/Experience:

Program Info:

If this class/activity has been taught before, indicate where: _____

Program Title: _____

Brief Description (may be printed in Schedule of Classes – 30 words max):

**Include: Target age group and/or skill level*

Preferences:

Location: _____

Possible Expenses: _____

Day(s) of Week: M Tu W Th F Sa Sun

Session length (weeks): _____

Hours: _____

Estimated Session Fees: _____

References:

Organization: _____

Contact Name: _____

Title/Position: _____

Phone: _____

Email: _____

Organization: _____

Contact Name: _____

Title/Position: _____

Phone: _____

Email: _____

Organization: _____

Contact Name: _____

Title/Position: _____

Phone: _____

Email: _____

Organization: _____

Contact Name: _____

Title/Position: _____

Phone: _____

Email: _____
