



Neenah Parks & Recreation Class Proposal

Your First Name: _____ **Last Name:** _____

Street Address/City/Zip: _____

Phone: _____ **Email:** _____

Course Title: _____

Course Description: _____

Facility Requirements (tables, chairs, mats, space, etc.): _____

Preferred Class Days/Times: _____

Length of class/session (i.e. 1 day, 6 weeks): _____

Targeted Participants (circle one): Adults Teens Youth Pre-school

Why will this class be successful in Neenah: _____

What is your background in teaching this subject? _____

Please attach additional pertinent information that will assist in evaluating your class proposal.