

**City of Kalama
Parks & Recreation
Community Education
Class Proposal**

Name of the Class: _____

Class Description: _____

Instructor: _____ Phone No. _____

Mailing Address: _____

Email Address: _____

Number of Class Sessions _____ Number of Class Hours _____

Proposed Dates _____ Time _____
Starting date to Ending date – Day of the Week

Minimum # of Students _____ Maximum # of Students _____ Age Range _____

Budget for Class – this would be for costs expected to be reimbursed to the instructor or paid for by the City:

Instructor Fees	_____	Fee for entire class
Supplies (if needed)	_____	(Materials fee could be in addition to fee)
Other Costs	_____	
Total Charges for Class	_____	

Please provide a list of all supplies, equipment, or items needed to conduct the class or needed by students to participate. All fees will be paid to instructor at the end of the class. Return to C. McMaster, PO Box 1007, Kalama, WA 98625 or drop at City Hall or by email to cityclerk@kalama.com

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City Use Only

Class fee will be based on minimum number of participants.

Facilities Costs : (# of hours X hourly rate) _____ x _____ = _____

Total Costs/Minimum # of participants

Class fee should be _____