

PROGRAM INFORMATION (CONTINUED):

Session Will Meet: (please check one)

<input type="checkbox"/> Weekly	<input type="checkbox"/> Three Times per Week
<input type="checkbox"/> Semi-Weekly (2 times per week)	<input type="checkbox"/> Other: _____

Number of Session: (i.e. 8 week class) _____

Number of Hours per Session: (i.e. 1 hour/class, 1.5 hours, etc.) _____

Participants: (insert number): Minimum Number _____ Maximum Number _____

Wage/Fee Desired: \$_____ (please check one)

<input type="checkbox"/> Per Student	<input type="checkbox"/> No Wage/Fee Desired	<input type="checkbox"/> Other: _____
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Time of day I WANT TO TEACH: (please check all that apply or write in a specific time)

<input type="checkbox"/> Morning (before noon)	<input type="checkbox"/> Afternoon (noon- 4p.m.)	<input type="checkbox"/> Evening (after 4p.m.)	<input type="checkbox"/> Specific Time
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Days I WANT to Teach: (please check all that apply or fill in below)

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday
<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday

Specific Dates: (i.e. Jan 12, or Jan 6- Mar 8): _____

Days I CANNOT Teach: (please check all that apply or fill in below)

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday
<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday

Specific Dates: (i.e. Jan 12, or Jan 6- Mar 8): _____

Room Preference: (please check all that apply)

<input type="checkbox"/> Arts & Crafts Room	<input type="checkbox"/> Summit Room	<input type="checkbox"/> Pinnacle Room	<input type="checkbox"/> Zenith Room
<input type="checkbox"/> Conference Room	<input type="checkbox"/> Gym 1	<input type="checkbox"/> Gym 2	<input type="checkbox"/> Other: _____

Supplies Needed for Program: (please check one)

<input type="checkbox"/> Provided by Instructor	<input type="checkbox"/> Purchased by Students (supply list needed)
<input type="checkbox"/> An Additional Fee of \$_____ Per Student	

Special Needs for Program: (please check as appropriate)

<input type="checkbox"/> I will be using my own equipment	<input type="checkbox"/> TV/VCR/DVD
<input type="checkbox"/> Lap top Projector- LCD	<input type="checkbox"/> Dry Erase Board or Flipchart with markers
<input type="checkbox"/> Photo copies (MUST be provided one week prior to class)	<input type="checkbox"/> Other: _____

QUALIFICATIONS/EXPERIENCE: (ONLY FOR NEW INSTRUCTORS OR COURSES)

Qualifications: _____	
I have taught this course before	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please indicate where along with reference names(s) and phone number(s):	_____

Return completed proposal form by deadline to: **Apex Parks, Recreation & Cultural Resources**
c/o Senior Adult Program Proposal
PO Box 250 - Apex, NC 27502
Tel: (919) 249-3507 Fax: (919) 249-3368
Allie.prelaske@apexnc.org