



INTERNATIONAL HOUSE DAVIS

New Class Proposal Form

Instructor Information:

Instructor Name: _____

Phone Number: _____

Alt. Phone Number: _____

Email: _____

Mailing Address: _____

Website URL: _____

Other URL: _____

Do you teach or have you taught professionally at other locations/institutions?

Yes If yes, where: _____

No If yes, when: _____

Emergency Information:

Emergency Contact 1: _____

Relationship: _____

Phone Number: _____

Emergency Contact 2: _____

Relationship: _____

Phone Number: _____

Other Information: _____

Additional Instructor Information, NEW Instructors only:

Please submit a copy of your resume and/or a description of your qualifications to our Program & Volunteer Coordinator, volunteer@internationalhousedavis.org

Reference 1: _____

Relationship: _____

Phone Number: _____

Email: _____

Reference 2: _____

Relationship: _____

Phone Number: _____

Email: _____

Type of Classes (please select the type of class you are proposing to teach):

Type of Class:	<input type="checkbox"/> Language Instruction	<input type="checkbox"/> Language Drop-In Conversation	<input type="checkbox"/> Movement Instruction	<input type="checkbox"/> Movement Drop-In	<input type="checkbox"/> Workshop	<input type="checkbox"/> Free Workshop
Registration Type:	Pre-Register	Drop-In	Pre-Register	Drop-In	Pre-Register	Drop-In or Pre-Register
Student Fee:	Yes	No	Yes	Yes	Yes	No
Punch Cards:	No	No	No	Yes	No	No
Minimum Member Fee:	\$5 per 55 min	N/A	\$5 per 55 min	\$6 per 55 min	\$5 per 55 min	N/A
Minimum Non-Member Fee:	\$6 per 55 min	N/A	\$6 per 55 min	\$7 per 55 min	\$6 per 55 min	N/A
Teacher percentage:	40%	N/A, volunteer teachers only	40%	40%	40%	N/A, volunteer teachers only
Materials Fee:	Yes	No	Yes	No	Yes	Yes

Class Information:

Proposed class/workshop title: _____

Brief description of content: _____

Proposed class fees for members: _____

Proposed materials fee for students: _____

Minimum number of students: _____

Maximum number of students: _____

Appropriate age range and ability level of students: _____

Desired location and/or facility requirements:

What supplemental marketing could you provide for the class?

Scheduling Information:

Proposed class/workshop dates and holidays:	
Length of Class:	

Availability (mark AVAILABLE TIMES with an X, continued on next page).

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
9:00am							
9:30am							
10:00 am							
10:30am							
11:00am							
11:30am							
12:00pm							
12:30pm							
1:00pm							
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7:30pm							
8:00pm							
8:30pm							
9:00pm							
10:00pm							

Instructor Signature:

Instructor Name Signature Date

Office Use Only		
Reference 1 Notes:		
Date Called: _____		
Reference 2 Notes:		
Date Called: _____		
Program & Volunteer Coordinator	Signature	Date
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:	
Executive Director	Signature	Date