



INSTRUCTORS PROPOSAL

Complete and return to: Springfield Township Administration,
c/o Community Classes, 9150 Winton Road, Cincinnati, OH 45231
or fax: 522-1411

Instructor's Name: _____

Proposed Class Title: _____

Instructor's Phone Number: _____ Email Address: _____

Home Address: _____

Are you representing a company? Y N Company Name: _____

Company Address: _____

Company web site: _____

ABOUT THE CLASS:

What age group(s) is your program appropriate? ___5-12 ___13 - 18 ___19 - 50 ___ 50 and up

___ A single day class How long is the class? ___hour(s) ___ minutes

___ Multiple Session Program Total classes per session _____

How are these sessions held? ___weekly ___ monthly _____ other (specify)

How long is each class? ___hour(s) ___ minutes

Please provide a brief class description (attach additional information if needed):

What is the MINIMUM Number of students you will take in a class: _____

What is the MAXIMUM number of students you will take in a class: _____

What is your proposed fee for a class? _____

(Please consider the 70/30 revenue split of class fees with the Township when calculating class fees)

Are there any additional fees required (equipment, supplies, etc.) Y N

If "Yes", explain: _____

What days/ times do you propose to host your class? (Please note that senior programs take precedent Tues-Friday 8am-4pm. Weekends are generally unavailable for Community programs.)

ABOUT THE INSTRUCTOR:

Instructor Bio (you may attach additional information):

REFERENCES: Please provide 3 references that we may contact. to inquire about your teaching style and classroom content.

Name	Relation	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE: Springfield Township may require instructors to carry their own liability insurance where possible injury of participants may occur (i.e. exercise, martial arts, use of tools, etc). Do you currently carry liability insurance? Y N

ADMINISTRATIVE USE:

Phone interview: _____

Notes:

References Checked: _____

Notes:

Program ____approved ____declined

Class Dates: _____ Times: _____ Room: _____

Instructor Fee: (70%) _____ Springfield Township Retention (30%) _____

Contract Completed _____ Contract Returned _____