



Course Proposal Form

City of Port Huron Recreation Department

Please complete this Course Proposal Form and submit it to the Palmer Park Recreation Center.

Title of Course: _____

Instructor Name: _____

Course Description: _____

Length of Course _____ hours X _____ days

Target Population (check all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Toddler (2-4 yrs.) | <input type="checkbox"/> Pre-School (4-6 yrs.) | <input type="checkbox"/> Elementary Age (7-12 yrs.) |
| <input type="checkbox"/> Teens (13-17 yrs.) | <input type="checkbox"/> Adults (18+) | <input type="checkbox"/> Seniors (55+) |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Male | <input type="checkbox"/> Female |

Desired Day of the Week (check all that apply):

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

Desired Time of Day: _____

Minimum Enrollment: _____ Maximum Enrollment: _____

Proposed Course Fee: \$ _____ per student

*Note that this is negotiable and that you as the instructor will be paid a portion of this fee that is mutually agreed upon with the Staff Coordinator.

Equipment/Supplies:

Space Requirements:

Additional Information:
