

Class Proposal

Elizabethtown Social Center
PO Box 205 ~ 7626 US Rt 9
Elizabethtown, NY 12932

(518)873-6408 ~ info@elizabethtownsocialcenter.org

Instructor Name: _____ Business Name: _____
 not-for-profit for profit

Best phone number to reach you: _____ home cell work

Other phone number to reach you: _____ home cell work

Mailing Address: _____

Email: _____ Business Website: _____

Do you have current CPR/AED Certification? _____ Exp: _____
First Aid? _____ Exp: _____

Do you carry a business or personal liability and/or an umbrella policy? _____

If yes, what is the limit? _____ When does it renew? _____

*If your class is approved, please furnish an insurance certificate with the Elizabethtown Social Center, Inc. named as additional insured.

What certifications do you hold and when do they expire?

What other qualifications do you have to teach classes?

What class do you wish to teach/lead? _____

How much do you plan to charge? \$____ per single class and/or \$_____ per session of ____ classes

Description of class:

Does the class require special equipment*?

*The Social Center has very limited storage; equipment required for classes should be transported by students or instructor. Any equipment left here for an extended period of time after classes discontinue will be disposed of.

Proposed Days and Times:

References with Contact Info:

If class proposal is accepted, you will also need to submit a **BUILDING USE REQUEST.**

BUILDING USE FEES MAY APPLY.

I certify that all of the information above is accurate. I understand that, if approved, I will need to keep certifications and liability up to date to continue teaching classes at the Social Center.

Signature

Date