Colchester Parks and Recreation Department



127 Norwich Ave Colchester, CT 063415

860-537-7297 (office) - 888-468-6093 (fax) parksandrec@colchesterct.gov

CLASS PROPOSAL FORM

Namo	-	es scroll bars to appear in a box.	Email	
Name			Email	
Full Address			Phone	
			Alt. Ph.	
Proposed Class Titl	e		Ages of participants	
Description of Clas	S			
This text is used to creat write-ups for Colcheste . Connections and on-lir postings.	r			
Participant Outcon	nes			
We will survey participa to see if these things we accomplished in the cla	ere			
Participants will				
Day of the Week		Min & Max Class	Size	
Times (start - end)		Location or Spac	e Requested	
Number of Weeks *Standard sessions are 8 weeks long.		Season (Check al *Must meet submission be considered for each	Il that apply.) Fall on deadlines to ch season. Spring	☐ Winter ☐ Summe
Supplies and Equipment (that you need CP&R to provide.)				
Proposed Rate of P	** [Per Participant Per Sessi	ion \(\sum \text{Other} \)	
Proposed Fee to Pub	**Stand If proper reques	dard rate is \$8/ person/ class. (\$6 psed rate of pay and/or session left must be submitted in writing via peration.	for instructor, \$2 for Parks an	rd, an additional
Additional Information				