



Name: _____ Cell: _____
 Address: _____ Home: _____
 Email: _____
 Website: _____ NPAS Employee? Y N
 Business owner? Business Name: _____
 Business EIN: _____ Phone: _____

Year _____

Fall (Aug-Dec) Winter/Spring (Dec-Apr) Summer (Apr-Aug)

Instructor Bio

A brief biography reflecting experience/credentials for the catalog.

Course Information

Course Title: _____

Minimum # of students: _____ Max # of students: _____ # of sessions: _____

No-Class dates: _____

Adults/ Youth Age/ Grade:	Proposed day of the week:	Suggested Start Date:	Type of Room Preferred:	Proposed start time:	Proposed length of class	Office Use Only: Tuition charged

Course Description

Be brief, persuasive and stress personal benefits for the participant. Complete the description as you wish it to appear, although we may edit for content and space. Include if materials are provided or if participants are expected to bring them.

Equipment and Supplies

Equipment Requests

Indicate below any audio/visual or equipment needs

Date (s)	Audio/visual needed	Tables, mats etc.	Other requests

Class supplies

Specify cost, vendor and any special arrangements.

Anticipated cost per student: _____

Provided by instructor	
Provided by participants	
Provided by NPAS Community Ed (Include printing needs)	

For Office Use Only:

Salary discussed? _____

Email Info? _____

W-9 on file? _____

Background check on file? _____

Income

Class fee \$ _____ x # of participants _____ = \$ _____

Salary \$ _____ + Materials \$ _____ = \$ _____

Salary/Wage Discussed

Per class- Flat / % _____

Per session- Flat / % _____

Per hour- Flat / % _____

Per student- Flat / % _____

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