



# Rough Rider Community Education

## Course Proposal/Instructor Application



*All sections of this form must be completed in full.*

### PROPOSED INSTRUCTOR

Instructor Name:

Address:

Last

First

M.I.

Street Address

Apartment/Unit #

City

State

ZIP Code

Primary Phone  Alternate Phone:

Email:

Explain why the proposed instructor is qualified to teach this course. Include related work experience, related education or training, years as a hobbyist, recognitions, awards, etc.

Provide contact information for three references. At least one must be a personal reference who can respond to questions regarding the proposed instructor's character and at least one must be a subject matter reference who can respond to questions regarding the proposed instructor's ability to teach the proposed course.

1. Reference Name:

Primary Phone  Alternate Phone:

Email:

2. Reference Name:   
  
Primary Phone  Alternate Phone:

Email:

3. Reference Name:

Primary Phone  Alternate Phone:

Email:

**PROPOSED COURSE**

Proposed Title of the Course

Topics to be covered

Expected outcomes

A brief description of the course that could be used in the Rough Rider Community Education Schedule

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

If this course is for a particular age group, provide expected age range.

Will minors (students under 18 years of age) be allowed to take this class?

Yes

If yes, a satisfactory background check must be completed prior to the start of the course.

No

If this course is for a particular interest group, identify that group.

Provide a description of any special equipment used for this course.

What supplies are required for this course?

Will the instructor provide them?

If not, what is the estimated cost of supplies?

What is the fee that will be charged for this course?

What is the maximum enrollment of this course?

**SCHEDULE/COST INFORMATION**

Preferred Start Date				Preferred End Date			
Preferred Days of the Week	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Preferred Hours (Be sure to include am/pm)				To			
Preferred Location	Las Vegas	Mora		Springer	Santa Rosa		
Cost of Course	Dollar Amount:				Per:		
Describe any special room requirements, for example: tables, access to sink, uncarpeted flooring, etc.							

**COPYRIGHT OR TRADEMARK COURSES**

This course and/or its contents are owned by another party.      Yes      No

If yes, proof of proposed instructor’s authorization to teach this course must be provided with this application. (certificate, permission document, etc.)

***I CERTIFY THAT THE INFORMATION ON THIS AND ANY ATTACHED FORM IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.***

Signature

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Date

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