



# Class Proposal Form

Affton Community Center \* 9801 Mackenzie Road \* St. Louis, MO 63123 \* 314-615-8822

## APPLICANT INFORMATION

Business Name: \_\_\_\_\_

Business Website: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## CLASS/PROGRAM INFORMATION

Class/Program Title: \_\_\_\_\_

Class/Program Description:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Class/Program Length: \_\_\_\_\_ Day(s)    \_\_\_\_\_ Week(s)    \_\_\_\_\_ Month(s)    \_\_\_\_\_ Ongoing

Desired Days of the Week:  Monday     Tuesday     Wednesday     Thursday     Friday  
 Saturday

Desired Class/Program Start Time: \_\_\_\_\_ Desired Class/Program End Time: \_\_\_\_\_

Minimum Enrollment Needed: \_\_\_\_\_ Maximum Enrollment Needed: \_\_\_\_\_

Have you taught this class before? YES    NO

Class/Program Fee: \_\_\_\_\_ Drop-in Fee: \_\_\_\_\_

Special Instructions for Participants (what to bring, wear, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Desired Location:     Gym     Meeting Room

Thank you for your interest! Please fill out the proposal form and send back to [CReuter@stlouisco.com](mailto:CReuter@stlouisco.com).  
Questions? Call 314-615-8820.