

Instructor Application

Name _____

Phone _____ Cell _____

Email _____

Address _____

City _____ State _____ Zip _____

Course Title

Course

Description _____

Total Honorarium Requested for Course (not per student or per session)
\$ _____

Min # of Students _____ Max # of Students _____

Experience and/or Related References

Number of Sessions _____ Night of Week _____

Start Time * _____ Length of Class _____

Please Check if Students must furnish supplies _____

List of Supplies

If supplies will be provided, please indicate the cost per
student \$ _____ (This cost will be paid directly to you on the first
night of class)

Space Requirement

* Evening Classes – start time may vary from 6 – 7:30 p.m.

Mail to

Community Classroom c/o Dori Waters

1658 Falls Road

Clarks Summit, PA 18411 or email or to gatheringplaceCS@gmail.com