

Program Proposal
Programs Department
Modern Maturity Center, Inc.

(revised August 1, 2019)

Please print clearly and fill in all fields

About the Instructor and Program

Program Title: _____

Instructor/Facilitator: _____

Phone (1): _____ **Phone (2):** _____

Email Address: _____

Mailing Address:

Description (brief): _____

Objectives (what the participants will learn/the benefits of taking this class): _____

Level of Class: Beg. _____ Inter. _____ Adv. _____ All Levels _____ N/A _____

Designed for: Members _____ Non-Members* _____ Both _____

*Free classes are only open to members. Classes w/ a fee will require a higher fee to apply to non-members (age 50+) set by the MMC.

Will materials be provided? Yes ___ No ___ Partial ___

List what materials participants need to bring: _____

Class Scheduling

Scheduling Preferences (circle one):

One Time

Monthly

Weekly On-Going

Weekly in _____ Week Sessions

Other (please explain) _____

Preferred start and end time: _____

Day(s) of class (number your choices 1-3 with #1 being your first choice):

___ Mon ___ Tues ___ Wed ___ Thur ___ Fri

The class size is designed for how many participants: Minimum _____ Maximum _____

List any special requirements of equipment you will need in a room, such as: sink, chalk board, hard or carpeted floors, etc. If you have no special needs, leave blank:

Please note that we have limited space and supplies available. We will try our best to accommodate your requests but cannot guarantee any specific space.

Fees

There is an administrative fee of \$5.00 charged for each student. The fee covers the cost of the use of the space, advertising the class and managing sign ups. Adjustments can be made for instructors who are volunteering their time and only need reimbursement for supplies or to simply cover expenses.

I would like to volunteer and not receive payment _____

I would like to charge \$ _____ per person (circle one)

A Class

A _____ Week Session

Other (please explain) _____

Once a class has started please contact Lori Christiansen with your class count and a check request will be sent to accounting. Checks can take up to 10 business days. The schedule for payment that works for you can be set up with Lori. You can get paid monthly, at the end of a session, after the first class of a session etc. Whatever works best for you.

Qualifications

Summary of qualifications to teach this class:

Reference:

1) Name: _____ Phone: _____ Relation: _____

Previous Instructor Experience:

1) Dates: _____ Contact: _____ Phone: _____
Applicable Experience Gained: _____

Please include copies of any applicable certification or qualifications you have to teach this class.

Return completed proposal to Lori Christiansen for her review. Completion of a proposal does not guarantee a class will be held.

For MMC Use -----

Agreed Pricing & Breakdown -----

Agreed Payment Timeline _____

Agreed Scheduling _____

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