



SAINT LOUIS COUNTY
Parks and Recreation

Class Proposal Form

Affton Community Center, 9801 Mackenzie Road, St. Louis, MO 63123

APPLICANT INFORMATION

Business Name:

Applicant Name: _____ **Title:** _____

Phone: _____ **Email:** _____

Certifications : _____

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 Location: Gym Meeting Room

Desired Start Time: _____ **Desired 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.):

Thank you for your interest! Please fill out the proposal form and send back to NLeonoudakis@stlouiscountymo.gov. Questions? Call 314-615-8820.