

**CITY OF MOUNTAIN VIEW  
CLASS PROPOSAL FORM**

**Organization Information:**

Organization: \_\_\_\_\_

Organization Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number(s): Home \_\_\_\_\_ Business \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Class Information:**

Class Title: \_\_\_\_\_

Level (if applicable): Beginning  Intermediate  Advanced

Age Range of Participants: \_\_\_\_\_ Location: \_\_\_\_\_

Material/Lab Fee (if applicable): \_\_\_\_\_ How many instructors? \_\_\_\_\_

Length of Session (Weeks): \_\_\_\_\_ Day of the Week: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Class Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cost: \$\_\_\_\_\_ Minimum Participants: \_\_\_\_\_ Maximum Participants: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to the Mountain View Recreation Division, 201 South Rengstorff Avenue, Mountain View, California, 94039, (650) 903-6410 or fax at (650) 962-1069.