

**Skamania County Facilities and Recreation**  
PROGRAM PLANNING PROPOSAL

|                 |            |
|-----------------|------------|
| Title of Course | Name       |
|                 |            |
| Home Phone      | Cell Phone |
|                 |            |
| Mailing Address | Email      |
|                 |            |
| Reference       | Phone      |
| 1.              |            |
| 2.              |            |

|                            |
|----------------------------|
| Brief Description of Class |
|                            |

|  |                     |
|--|---------------------|
| Certifications and/or Degrees            | Related Experience  |
|  |                     |
| Have you taught a similar course before? | If Yes, where?      |
|  |                     |
| If Yes, may we contact them?             | Contact Information |
|  |                     |

**PROPOSED SCHEDULE FOR COURSE**

|                      |                                    |
|----------------------|------------------------------------|
| Date or Days of Week | Time                               |
|                      |                                    |
| Age of Participants  | Supplies Required                  |
|                      |                                    |
| Proposed Fee         | Fee Structure (Mo., Session, etc.) |
|                      |                                    |
| Class Goals          | Evaluation Procedure               |
|                      |                                    |