



Class Proposal

Please print or type:

1. **Class title:**

2. **Class Description:** Include a brief description of your class. (If it is too long, we reserve the right to shorten your description.)

3. **Credentials:** Include a brief (1 or 2 sentence) bio of your credentials and expertise.

4. **Class Objective(s):**

Name: _____

Phone: _____

Email: _____

Website: _____

Address: _____

If this is a cooking class, will you need assistance with the cost of groceries? (we can offer a maximum of \$40) yes, amount needed _____ no

Requested date and time: _____

Classes will take place on Wednesday evenings as early as 6 pm. All classes must end by 9:30.

List any supplies that students should bring:

Fee for students (owners will pay \$2 less, make sure this fee will cover your materials cost but still be affordable to encourage attendance): \$ _____

Will you use the DVD player or projector? _____

If you are using the DVD player or projector, please set up a time prior to your meeting for instructions on how to use the equipment. (Email kathrynd@goodfoods.coop)

Maximum number of students (The Community Room's capacity is 28): _____

Completed W-9 form must be returned before payment can be made.

I have read and understand all the Class Guidelines for using the Community Room at Good Foods Co-op.

Signature

Date

Questions? Please contact Kathryn Dickens at Good Foods 278-1813 x 232 or e-mail kathrynd@goodfoods.coop

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