



# 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](mailto: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.*

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Signature

Date

Questions? Please contact Merrick Johnson at Good Foods 278-1813 x 231 or e-mail [merrickj@goodfoods.coop](mailto:merrickj@goodfoods.coop)

**Good Foods Co-op**  
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