



Class Proposal Form

Affton Community Center * 9801 Mackenzie Road * St. Louis, MO 63123 * 314-615-8822

APPLICANT INFORMATION

Business Name: _____

Business Website: _____

Applicant Name: _____ Title: _____

Phone: _____ Email: _____

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 Class/Program Start Time: _____ Desired Class/Program 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.):

Desired Location: Gym Meeting Room

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