

Falmouth Community Programs
 271 Falmouth Road
 Falmouth, ME. 04105
 Phone: (207)781-5253
 Fax: (207)781-8677
 www.town.falmouth.me.us



For Staff Use Only
Received: _____
Staff Initials: _____

COURSE PROPOSAL FORM

PLEASE PRINT!

Session (please circle): Fall Winter Spring/Summer

Program Type (please circle): Youth Adult Seniors

Email: _____

Instructor Name: _____

Home Phone: _____

Instructor SSN/EIN: _____

Work Phone: _____

Program Title: _____

Cell Phone: _____

Day(s) of Week: (please circle) M Tu W Th F Sa Su

of Weeks: _____

Start Date: _____

End Date: _____

Start Time: _____

End Time: _____

***Your Fee \$ _____ (please circle one) per hour OR per person** Program Ages: _____ yrs/grade to _____ yrs/grade

** FCP typically adds \$10 to instructor's fee under \$100 and \$20 to instructor fees over \$100 to cover overhead costs. Per person fees are paid at a 75/25% split.*

Maximum Enrollment #: _____

Minimum Enrollment #: _____

Equipment / Supply Note:

You must list any equipment or supply requests that you would like for this class.
 Any equipment/supplies purchased by FCP will affect the price of the class.
 In order to price our programs & classes, **ALL** equipment/supply requests must be approved by FCP
BEFORE the class is published in the FCP brochure.

Please list any on hand equipment or supply requirements you may need (ie: TV/VCR, Balls, Chalkboard, etc):

<u>AV Equipment Needs</u>
1. _____
2. _____
3. _____
4. _____
5. _____

<u>Items needed that FCP may have</u>
1. _____
2. _____
3. _____
4. _____
5. _____

<u>Items that need to be purchased</u>
1. _____
2. _____
3. _____
4. _____
5. _____

Submitting Course Descriptions:

- Email a course description that describes the course to: ldascanio@town.falmouth.me.us
 Course descriptions for accepted courses will be used in the brochure to give a brief overview of the program.
- FCP reserves the right to edit/change the course description and negotiate fee structure as needed.

Return to: Falmouth Community Programs, 271 Falmouth Road, Falmouth, ME 04105

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INSTRUCTOR APPLICATION

Date: _____ Please Circle: 1st Time Instructor Returning Instructor

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ SSN **or** Tax ID #: _____

Email: _____ Do you check email regularly? YES NO

Best way to reach you? *(please circle)* Home # Work # Cell # Email

Educational Background:

Youth, Adult Education / Teaching Experience:

REFERENCES (Name, Phone, Email):

1. _____

2. _____

3. _____

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