



CLASS PROPOSAL

- ☐ **WINTER** (January – March) deadline August 1
- ☐ **SPRING** (April – June) deadline November 1
- ☐ **SUMMER** (July – September) deadline February 1
- ☐ **FALL** (October – December) deadline May 1

CLASS TITLE: _____

INSTRUCTOR NAME: _____

ADDRESS: _____

PHONE: _____

E-MAIL ADDRESS: _____

AGE RANGE AND FORMAT

- ☐ **ADULTS, DEMONSTRATION** (may involve some student participation)
- ☐ **ADULTS, HANDS-ON** (at least $\frac{1}{3}$ student participation with some demonstration)
- ☐ **KIDS, AGES:** _____ ☐ **WITH ADULT** ☐ **KIDS ONLY**

LEVEL (*For Adult classes only)

- ☐ **BEGINNER** ☐ **INTERMEDIATE** ☐ **ADVANCED**

SCHEDULING: Please put a 1 for first preference, and a 2 for second preference in the squares below corresponding to the days and times you would most like to teach. Put a NO in the boxes of the days and times you DO NOT WANT TO or CANNOT teach. We will attempt to schedule you during your preferred day and time.

	SUN	MON	TUES	WED	THURS	FRI	SAT
Morning							
Afternoon							
Evening							

List any **specific dates** you are **not available** for teaching: _____

Do you prefer to have your class clustered or spread out? _____

CLASS DETAILS

1. Please list proposed recipes and include a draft or shopping list of each. All ingredients **must be** available at PCC stores.

2. What is your inspiration for this class/menu?

3. What is the goal or focus of the class? What skills will students gain from this class?

4. Does this menu contain:

☐ MEAT ☐ POULTRY ☐ SEAFOOD ☐ DAIRY ☐ EGGS ☐ GLUTEN



3. What unusual cooking tools or special equipment would you require for this class?

5. Please provide a short personal biography (approximately 50 words). Provide information about your experience or philosophy and perhaps something fun, light, or surprising about yourself.

☐ **USE BIO ON FILE**

