



Community Enrichment Class Description Information

CLASS NIGHT(S): _____ TIME: _____ (1st preference)

CLASS NIGHT(S): _____ TIME: _____ (2nd preference)

DATES - Beginning: _____ Ending: _____

How many times per week: _____

How many weeks: _____

MINIMUM NUMBER OF STUDENTS: _____ MAXIMUM: _____

COST PER STUDENT - Class Fee: _____

Material Fee: _____

TOTAL CLASS FEE: _____

LOCATION: _____ (1st preference)

_____ (2nd preference)

Periodically photos may be taken to promote classes being provided and class permission will be asked prior to.

INSTRUCTOR SIGNATURE: _____ DATE: _____

COORDINATOR SIGNATURE: _____ DATE: _____

SEND TO: WACO, PO Box 1027, Willow, AK 99688 or deliver to the WACO office in Willow Community Center.

FOR OFFICE USE ONLY

Facility Use Request Form Submitted:

Date: _____

Facility Use Confirmed:

Date: _____

Instructor Notified and confirmed:

Date: _____