



Clinton Community Activities Program New Program Proposal Form

Return form by email: brfranseen@clintonwis.com or by mail: 112 Milwaukee Rd. P.O Box 566 Clinton, WI 53525

Instructor Name: _____ Business Name: _____

Primary Phone: _____ Email Address: _____

Street Address: _____ City: _____ Zip: _____

Instructor Qualifications/Certifications: _____

Course Title: _____

Course Description to go in Program Guide (subject to editing): _____

Class Information	Session 1	Session 2	Session 3
First Class Date			
Last Class Date			
Day(s) of the Week			
Number of Weeks			
Class Start Time			
Class End Time			
Age/Grade Range			
Min # / Max #			
Deadline Date			
Dates Class will not meet			
Make-Up Dates			

Program Location 1st Choice: _____ 2nd Choice: _____

Type of Room Needed (gym, cafeteria, classroom, fields, etc.): _____

Equipment Needed from CCSD CAP: _____

Materials you will provide as part of the course, if any: _____

Payment Expected to Receive: _____ per participant or pair (parent/child) - circle one. If parent/child, cost per add'l. child: _____

Parent/Guardian Participation? _____ Parent/Guardian Required to Stay? _____

Where have you run this program in the past? In addition, please provide contact person information/references: _____

Signature of Applicant: _____ Date: _____