

Laurel Parks & Recreation
Request for New Program/Class

Instructor Name: _____ Class Name: _____

Phone: _____ E-mail: _____

Ideal Start Date: _____

Minimum/Maximum # participants: Min____ Max____

Minimum/Maximum age of Participants: Min____ Max____

Class Schedule (*plan for 2-3 months*):

Class Time: _____ Day of the Week: _____

Total # of classes per session: _____

Facility/Room requested: _____

Instructor Certifications (*please submit a copy*): _____

Price per session: Resident \$ _____ Non-Resident \$ _____

(*Please note there must be a price differential for City of Laurel Residents and Non-Residents for all classes*).

Equipment used: _____

(*The City of Laurel is not required to provide equipment for contracted classes and will not store equipment at City facilities*).

Social media/promotional email: _____

Class Description:

(*Please be as descriptive as possible. This description will be used when entering your class in our registration system*).
