



Charlotte Senior Center
212 Ferry Road
Charlotte, VT 05445
802-425-6345

Program Proposal Form

Instructor Information

Name: _____ Phone: _____

Email: _____

Program Information

Proposed Program/Class Title: _____

Program/Class Description:

How often will the class meet?

_____ One Time

_____ Weekly

_____ Twice/Week

How long will the class meet?

_____ 45 minutes

_____ 60 minutes

_____ 90 minutes

Would this program/class be ongoing? Or for a specific period of time (ie. 4 week session)?

When would you like to offer the class/program?

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

What time would you like to offer this class?

Morning _____ Afternoon _____ Anytime _____

What is the class capacity?

Minimum Enrollment: _____ Maximum Enrollment: _____

