

# CLASS PROPOSAL



**City of Benicia**  
**Parks and Community Services Department**  
 370 East L Street  
 Benicia, CA 94510  
 Phone: 707-746-4285  
[www.beniciarec.org](http://www.beniciarec.org)

<b>Class Title:</b>	
<b>Location:</b>	
<b>Instructor:</b>	
<b>Email:</b>	

*Please note: Use one form per class*

**Class Description:** (please limit to 300 characters)

**Customer Notes:** (can only be seen on the website and receipt, i.e. "bring water to class," "parent participation required," or any special equipment needed)

Ages	Start Date	End Date	Start Time	End Time	Day(s)	Your revenue/enrollee*	Skip Dates**	# classes	Min/Max

If additional room is needed: please attach additional sheet.

I allow my class to be prorated:  Yes  No

**Instructor Bio:**

**\*Your Revenue/enrollee:**  
*This is the amount of take home pay you wish to receive per participant. The class fee will be based on the percentage split of your contract and an additional 5% admin fee.*

**\*\*Skip Dates:**  
*any dates that you will not be holding class during the date range, including observed holidays*