INSTRUCTOR QUESTIONNAIRE
PLEASE COMPLETE ENTIRE FORM

Name _______________________________________

Address ___________________________________________________________________________________

City -------------------------- Zip --------------------------

Day Phone _______________________________ Home Phone _________________________________

Fax _______________________________ Email _________________________________

Federal Tax ID or SS# _________________________ Checks Payable To: _______________________

CLASS INFORMATION

Class Title: _______________________________ Ages ________________________ Semester __________

Class Description (be specific, use no more than space provided) PLEASE PRINT
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Day(s) of week preferred M T W TH F SA SU (circle one)

Preferred start date____________________ Preferred End Date ___________________ # sessions ______

Preferred site ___________________ Preferred room ___________________ Equipment needed ______

Set-up time required _____________ to _____________ Class time _____________ to ________________

Min/Max # of students _____________ Amount to be charged? $______________

Do you have special supplies, equipment or custodial needs? _________________________________

IMPORTANT: Please fill the questionnaire out in its entirety. Fax to: 248-956-5005...or...

When complete mail to: WALLED LAKE COMMUNITY EDUCATION
850 Ladd Road – Building D
Walled Lake, MI 48390
ATTN: Sandy George

Please return completed form by: January 20, 2020

REVISED December 2019