



City of Lawndale
Contract Class Proposal

Instructor: _____ Company Name: _____ Date: _____

Address: _____ City/Zip Code: _____

Home Phone: () _____ Work/Cell Phone: () _____

Email Address: _____

Name of Class 1: _____ # of classes per week: _____ # of weeks: _____

Class Description (3-4 sentences): _____

Days of the week preferred: 1. _____ 2. _____ 3. _____

Times Preferred: 1. _____ 2. _____ 3. _____

Age Min/Max: _____ Participant Min/Max: _____ # of sessions in a quarter: _____

Cost per person: _____ Material Fee Cost: _____

Name of Class 2: _____ # of classes per week: _____ # of weeks: _____

Class Description (3-4 sentences): _____

Days of the week preferred: 1. _____ 2. _____ 3. _____

Times Preferred: 1. _____ 2. _____ 3. _____

Age Min/Max: _____ Participant Min/Max: _____ # of sessions in a quarter: _____

Cost per person: _____ Material Fee Cost: _____

Please list 3 professional references (name, phone number, and relation):
1. _____
2. _____
3. _____

Please attach resume, class information, or class flyers for review as well. Please submit proposal to Mike Estes mestes@lawndalecity.org or by mail or hand delivery at 14700 Burin Ave. Lawndale, CA. 90260. Please call (310) 973-3270 if you have any questions.

Signature _____ Date _____