

CITY OF SAN PABLO
COMMUNITY SERVICES DEPARTMENT
COURSE PROPOSAL FORM

Additional sheet(s) may be attached to complete this form. If a question does not apply please write "N/A".

Instructor Name:	Date:
Business/Organization:	Mailing Address (street, city, state, zip):
Primary Phone: ()	Secondary Phone: ()
E-mail:	

Course Proposal Details (Advertisement Material)

Title of Proposed Course:	
Participant Age Range:	Proposed Fee:
Minimum # of Students:	Maximum # of Students:
Course Description (30 words or less):	

Please return completed proposals to Community Services Department

Describe your background and experience as it related to the class(es) you are interested in teaching (or attach a resume):

Provide 3 references

Name:	Phone Number or E-mail	Relationship

- I am a Minority Business Entrepreneur (MBE)
- I am a Woman Business Entrepreneur (WBE)
- I am a Small Business Entrepreneur (SME)