

INSTRUCTOR APPLICATION

Oceanside Parks & Recreation Division

300 N. Coast Highway
Oceanside, CA 92054

Office: (760) 435-5041
Fax: (760) 435-1419
Email: recadmin@ci.oceanside.ca.us

Submitted By: _____

Address: _____

Home Number: ()

Cell Number: ()

Fax Number: ()

Email: _____

Course Title: _____

Suggested Course Description to Appear in the City of Oceanside Magazine: *(Paragraph containing information vital to eliciting interest in your course.)*

Suggested Teacher Biography: *(2-3 important things we need to say about YOU that tells our readers you are qualified to teach this course)*

Circle number of class sessions 6 or 12 sessions at _____ hours each

Total: _____ (# hours)

Preferred Day (circle preference): Mon. Tues. Wed. Thurs. Fri. Sat.

From _____ am/pm to _____ am/pm

Preferred Min. Enrollment: _____ Max. Enrollment: _____

Room/Space Requirements:

Minimum age requirement: _____ Proposed Fee \$_____ per student

Proposed Site (location for class):

_____ Beach Recreation Center

_____ Heritage Park

_____ J. Balderrama Rec. Center

Not Avail J. Landes Rec. Center

_____ M. Bishop Recreation Center

_____ El Corazon Sr. Center

_____ Country Club Sr. Center

_____ Brooks St. Pool

_____ Community Rooms

_____ Park Site _____

_____ Other _____

A/V, Equipment Needs:

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This course requires a materials fee of \$ _____ payable directly to instructor the first class meeting. If you are charging a materials fee, send a copy or sample of those materials with this proposal.

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City of Oceanside Parks & Recreation Division
Attention:
300 North Coast Highway
Oceanside, CA 92057
Or
Email to: recadmin@ci.oceanside.ca.us

