

Schroon Lake Central School
Continuing Education Program
Course/Presentation Proposal

Title of Course or Presentation _____

Instructor _____

Home Phone _____ Cell Phone _____

Address _____

Email _____

Qualifications _____

Description of presentation or course _____

Requested date(s) and time(s) _____

Maximum number of students _____

Are you volunteering your time? (Y/N) _____

If no, what is the fee?

\$ _____ Per session or \$ _____ for course

How should students pay the fee?

• _____ At the first session _____ By the Monday before the first session

• _____ Send their registration form and fee to you at the address above.

Send to a different address:

Facilities, equipment, or technology needed: _____

Special abilities the students should possess: _____

Supplies students should bring to the class _____

Please scan or take a picture of the completed form and email to srepko@slwildcats.org

