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Unity Schools
Community Education Class Planning Form

Title of Class:_____Age/Grade Specification:_____

Brief description of class for brochure. Be specific about what participants will learn and how it will benefit them. Also list supplies participants need to bring to class (if applicable).

Days(s) of Week: _____ Class Starting Time: _____

Class Date(s): _____ Class Ending Time: _____

Number of Sessions: _____ Class Maximum: _____

Minimum per hour that you would like to receive: _____

Cost of Supplies (per participant) instructor will collect from participants**: $** _____

Please list any Audio Visual equipment or materials that you may need for your class (i.e. VCR/Monitor, Overhead, class handouts, textbooks, etc.): _____

_____

**If you need copies of class handouts, please send originals to the Community Education office no later than 2 days before the beginning of your class.*

Instructor's Name:_____

Address:_____City/State:_____Zip:_____

Social Security or Federal Tax ID Number:_____

Home Phone:_____Business Phone:_____

Fax Number:_____Email Address:_____

Mail to: Unity Community Education, 1908 150th Street/Hwy 46 North, Balsam Lake, WI 54810
Phone: 715-825-2101 ext. 1560 **Email:** depaulsen@unity.k12.wi.us **Fax:** 715-825-4034

Office use: Building:_____ Room:_____

_____ x _____ = _____ div by .75 = _____ div by min # of students(5) = _____
$hr #hrs net$ total needed Cost per student

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* Updated 4/13/16