



210 North 7th Street, Canton, MO 63435

Canton Community Center Inc. Course Submission Form

573-288-0550

www.cantoncommunitycenter.com



www.facebook.com/cantonmocommunitycenter

Business Name		Instructors Name			
Street Address		City		State	Zip Code
Business Phone		Cell Phone		E-Mail (email address are not shared/sold)	
Course Type:	Mark all that apply Arts ___ Financial ___ Education ___ Fitness ___ Nutrition ___ Self-Help ___ Mentor ___ Social ___				
Ages that Apply:	Mark all that apply: Senior ___ Youth ___ Teen ___ Infant ___ Family ___				
Course Name:					
Description: (be descriptive)					
Outcome of course on individuals:					
Duration of Class in hours, round to nearest quarter	Duration of Course Days/Weeks	Days requested (circle) Mon Tues Wed Thrus Fri Sat Sun			Time Requested:
Number of Volunteers needed for class	Suggested Volunteers	Activities for volunteers			Foreseen Liabilities with this course
Supplies needed for this course from the center	Anticipated Cost of this course to the center	Number of attendees permitted per class			
Additional information about this course you would like us to know:					
<u>Agreement:</u> I understand that this form is just a preliminary form to assist the Board of Directors and Director with the information necessary to decide if this class would be beneficial to our center and the community and our paying members. I also need to fill out the instructor application to accompany this form.					
Signature		Print Name			Date
					Date