Please return as soon as possible to: Roberta Lundeberg
106 Ballard Hall, OSU
Corvallis, OR 97331
roberta.lundeberg@oregonstate.edu

Lead instructor’s name:_______________________________________________________

Address:____________________________________________________County________

City/State/Zip:__________________________________________________________

Work Phone:__________________________Cell Phone:________________________

E-mail:__________________________

Proposed Class title:_____________________________________________________

Brief description of class:

Please list any space or equipment requirements you will need for your class.

Please indicate the approximate cost per student. $________/student

Class Capacity: _____ Minimum number _____ Maximum Number

Day and Time Preference (please mark your first and second choice):

Thursday, June 27
____ 7:30-9:00 am (exercise classes only)
____ 10:30-12:00 (90 minutes class)
____ 1:30-3:00 (90 minute class)
____ 1:30-5:00 (half day class)
____ 3:30-5:00 (90 minute class)

Friday, June 28
____ 8:30-10:00 am (90 minute class)
____ 8:30-12:00 (half day class)
____ 10:30-12:00 (90 minute class)