

UFM Class Description Sheet

Please complete one form for EACH class you will be teaching for UFM.

I would like to teach a class during the following semester(s): Spring Summer Fall

PLEASE RETURN FORM TO:

Marcia Hornung
UFM Community Learning Center
1221 Thurston Street
Manhattan, KS 66502
Phone: 785.539.8763 Fax: 785.539.9460 Email: marcia@tryufm.org

CLASS TITLE: _____

INSTRUCTOR(S): _____ TITLE(S): _____

EMAIL: _____ PUBLISH? Y OR N FAX #: _____

BUSINESS/ORGANIZATION: _____ SOCIAL SECURITY # _____

MAILING ADDRESS: _____
Street city state zip

PHONE NUMBER (day) _____ (eve) _____ (other) _____
Number to publish in Catalog: [] day [] evening [] other [] none

Scheduling

Session 1

CLASS DATES(S) _____

CLASS DAY(S) _____

CLASS TIMES _____

MEETINGS _____
(# times class meets)

Session 2

CLASS DATES(S) _____

CLASS DAY(S) _____

CLASS TIMES _____

MEETINGS _____

Session 3

CLASS DATES(S) _____

CLASS DAY(S) _____

CLASS TIMES _____

MEETINGS _____

NUMBER OF PARTICIPANTS: (In each session) Minimum _____ Maximum _____ No limit _____
This program is geared for: Adults _____ Children _____ Teens _____ Families _____

Are you planning any additional advertising? Yes _____ No _____ If yes, describe _____

*Additional Advertising MUST be approved by UFM Education Coordinator Approved: _____ Date: _____

FEES/INSTRUCTOR EXPENSES

PLEASE LIST AND ITEMIZE ALL CLASS FEES TO BE PAID TO THE INSTRUCTOR: _____
\$ _____ TOTAL PER PARTICIPANT

EQUIPMENT AND LOCATION NEEDS

CLASS LOCATION: No preference _____ UFM _____ Other (Address) _____

SPECIAL EQUIPMENT/LOCATION NEEDS: (to be provided by UFM)

VCR _____ Screen _____ Slide Projector _____ Overhead Projector _____ Other _____

*Number of Photocopies needed (per participant) _____

*The cost of photo copies needs to be included in the class fee, please note the number of copies that you will need for each participant in your class. UFM will make copies for your class and include the cost in our base fee.

