

MASHPEE LEISURE SERVICES
PROGRAM DESCRIPTION FORM

TITLE:

Creative/Expressive Course Name _____

Standard/Typical Course Name: _____

INSTRUCTOR: Name _____

Address _____ St _____ Zip _____

HPhone () _____ Wphone () _____ E-Mail _____

Anticipated SALARY / HOURLY WAGE for class/course _____

Course Length: Days() Weeks () Number of hours per class _____

Times per Week _____ Days/Nights Mon. Tues. Wed. Thurs. Fri. Sat.

Age Group Program is intended for: _____ (if for children, indicate ages or grades)

Recommended/Anticipated time class will be held: _____ Season _____

Prerequisites for course (if any):

Materials student should bring or have:

Materials provided by instructor: _____

Estimated cost of Materials: \$ _____/Student Minimum-Maximum Class size: _____

Course Description / Narrative (< 100 words): -

Please return to:

Leisure Services Department
Mashpee Town Hall
16 Great Neck Road, North, Mashpee, MA 02649
e-mail: hlm@ci.mashpee.ma.us fax: (508) 539-1447