

Community Education & Recreation Department  
School District of Menomonee Falls

COMPLETED BY PROGRAM STAFF

		<b>Program Year/Term</b>	
<b>Name of Class</b>		<b>Participant Age Range</b>	
<b>Instructor</b>		<b>Instructor Phone Number</b>	
		<b>Instructor Rate</b>	
<b>Description</b>			
<b>SCHEDULE</b>	<b>Session I</b>	<b>Session II</b>	<b>Session III</b>
<b>Days</b>			
<b>Dates (mm/dd)</b>			
<b>Times</b>			
<b>Location</b>			
<b>Resident Fee</b>			
<b>Nonresident Fee</b>			
<b>Min</b>		<b>Max</b>	
<b>Notes</b>			

<b>COMPLETED BY SUPPORT STAFF</b>	<b>DATE</b>	<b>INITIALS</b>
<b>Entered Into Lumens</b>		
<b>Entered Into Roomtime</b>		
<b>Contract Created / Sent</b>		

**FACILITY / ROOM SETUP**

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