



PROGRAM OUTLINE AND INFORMATION FORM

Complete and return to: Springfield Township Administration,
c/o Community Classes, 9150 Winton Road, Cincinnati, OH 45231
or fax: 522-1411

Name: _____

Proposed Program Title: _____

ABOUT THE PROGRAM:

This program is appropriate for the following age groups:

- 5 - 12 year olds 13 - 18 year olds 19 - 50 year olds persons 50 years and older

Proposed length of program:

- A single day class How long is the class? ____hour(s) ____ minutes

- A multiple day class. How many classes will be held? _____

When are the classes held? weekly monthly other (specify) _____

How long is each class? ____hour(s) ____ minutes

Please provide a brief class description (attach additional information if needed):

Number of students desired: _____ Minimum _____ Maximum

What is your proposed fee for the program? _____

(Please consider the 70/30 revenue split of program fees with the Township when calculating fees)

Are there any additional fees required (equipment, supplies, etc.) Yes No

If "Yes", explain: _____

What days/ times do you propose to host your class? (Please note that senior programs take precedence Tuesdays through Fridays from 8 a.m. to 4 p.m. Weekends are generally unavailable for Community programs.)
