

Oxford Community Center

Instructor Proposal

Please complete this form and send it, along with your resume and any references, portfolio, etc. that you feel may be helpful, to:

Program Manager
Oxford Community Center
4 Maple Road
Oxford, MA 01540

Date: _____

Instructor Information:

Class Start Date (proposed): _____

Name: _____

Class Name: _____

Address: _____

Duration (weeks): _____

_____ **Number of Classes:** _____

_____ **Minimum Enrollment:** _____

Phone: _____

Maximum Enrollment: _____

E-Mail: _____

Student Age Group _____

Instructor Fees: \$ _____ per _____ (student, class, hour, etc.)

Class Description:

Equipment Needed (desks, tables, chairs, etc.):

Class Materials (e.g., notebooks, pens, art supplies, etc.):
