



CITY OF TROUTDALE RECREATION DEPARTMENT

CLASS DEVELOPMENT FORM

Thank you for your interest in teaching a class through Troutdale Recreation!

Fill in as much information as possible below. You can also just provide your name and contact information and I will contact you to discuss your idea.

CLASS IDEA: _____

CLASS DESCRIPTION: (65 Words or Less)

Name: _____

Phone: _____

Email: _____

Are you interested in being a:

☐ Volunteer Instructor

☐ Paid Instructor

Think about your class idea and fill in the information below:

Day(s) of the week: _____

Time: _____

Start date: _____

End date: _____

of weeks: _____

Minimum # of participants: _____

Maximum # of participants: _____

Age range of participants: _____

ADDITIONAL COMMENTS: (Include specific location/facility needs, etc.)

**Return to: Mollie King,
City of Troutdale Recreation Manager
(503) 764-7206
mollie.king@troutdaleoregon.gov**