



757 South Brook Street
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 www.unityoflouisville.org

Class or Workshop Proposal Form

Please submit this form and a class syllabus to the Adult Education Coordinator **3 months** prior to your start date.

Name		Email Address			
Class/Workshop Title					
Date Preferred	Time Preferred	Session Length		# of Sessions	
Daytime Phone		Evening Phone		Cell Phone	
Street Address			City	State	Zip Code
Qualifications to Facilitate					
Class Description					
Book(s) Required					
Books are to be ordered through Unity of Louisville Bookstore by the Adult Education Coordinator one month prior to class/workshop start date.					
Book Title		Author		ISBN Number	
Equipment/Needs Required					
<input type="checkbox"/> Sign Up Sheet <input type="checkbox"/> Childcare <input type="checkbox"/> Tables <input type="checkbox"/> Flip Chart <input type="checkbox"/> Microphone <input type="checkbox"/> Sound System <input type="checkbox"/> TV <input type="checkbox"/> DVD <input type="checkbox"/> VCR <input type="checkbox"/> CD/Cassette Player <input type="checkbox"/> Power point Seating: <input type="checkbox"/> Theatre <input type="checkbox"/> Lecture <input type="checkbox"/> Circle <input type="checkbox"/> Dual Arc Volunteer: <input type="checkbox"/> Yes # _____ (ARC) (ROWS) <input type="checkbox"/> Other (specify) *Diagrams on Back					
Class Fees					
Suggested Love offering Basis <input type="checkbox"/> Yes <input type="checkbox"/> No \$ Value If no, what fee \$ Scholarship: <input type="checkbox"/> Yes <input type="checkbox"/> No					
You will receive notification of your approval or recommendation along with a packet of information and the necessary forms for your class. The packet includes: class roster, evaluations, opening and closing procedures. Please set an appointment with church administrator to obtain keys a week Prior to your first class.					
Class payments are issued to the Facilitator the first week of each month. Payments are based on a 50/50 split of the love offering or fee for the previous month. Other terms negotiated					
Facilitator				Signature	Date
Adult Education Coordinator					
Senior Minister					
Office Use Only					
<input type="checkbox"/> Classroom 1 <input type="checkbox"/> Classroom 2 <input type="checkbox"/> Classroom 3 <input type="checkbox"/> Classroom 4 <input type="checkbox"/> Classroom 5 <input type="checkbox"/> Chapel <input type="checkbox"/> Sanctuary <input type="checkbox"/> Activities Center W9 Completed <input type="checkbox"/> Y <input type="checkbox"/> N mailed					