PLEASANT HILL RECREATION & PARK DISTRICT

Class Request Form

To: Class Instructors Instructor: GURUS EDUCATION From: Pam Lischeske, Recreation Supervisor I Phone: **682-0896, Ext. 620**

Date: April 11, 2016

Email plischeske@pleasanthillrec.com
Re: Classes for the Fall Spotlight 2016

Please fill out the following request form and return it immediately to the District Office, 147 Gregory Lane, Pleasant Hill, CA 94523. In order for your class to be scheduled for September – December 2016, it is mandatory that this form be returned no later than May 11, 2016. Please pay particular attention to the description. If the description is to remain as the current Spotlight, indicate "same" after program description. New narratives are welcome at this point. In fact, if the class was not well attended, it is suggested that you change the title, description, and/or price. If the class went well, please do not change anything. Class descriptions must be 50 words or less. We reserve the right to edit all material. Please fill out the remainder of the form completely including your name and address; home, work, emergency, and cell phone numbers; and e-mail address. Programs will begin the week of September 5 or as arranged on an individual basis. Exception dates are, Sept. 5, Nov. 11, Nov. 24 & 25, and Dec. 23 & 26. REMINDER: The time frame for this brochure is September - December 2016; Registration begins on August 8, 2016.

PROGRAM INFORM					s descr	iption)				
*DESCRIPTION _ Th					np teach	nes 1 st and	d 3rd grad	lers the begin	nning building	
blocks of public spea	aking. Startin	g with b	eing re	ady, pra	cticed a	and focuse	ed, they le	arn the impo	rtance of body	
language and variation	on in their vo	oices. W	ithin th	ne fun <mark>m</mark>	ilieu of	show and	tell, story	ytelling and 1	poetry recitals,	
the goal is for your cl	hild to start d	evelopin	g more	confide	ence and	l skill in e	xpressing	themselves to	o a group.	
					(If mo	ore space is	necessary	/, please use p	page 2.)	
PROGRAM WILL RUN	ROGRAM WILL RUN FOR8WEEKS						WORKSHOP(S)			
<u>GRADES or AGES:</u> <u>DATES</u> : <u>09/27/2016- 1</u>		ES								
DAY(S):	1st Choice _	tuesda	у	2nc	d Choice					
HOURS:	1st Choice 2nd Choice									
CLASS FEE:	RESIDENT _ (The District's s calculated by the	urcharge fe	es will be			DENTated by Supervisor)		LAB FEE _.	(Additional)	
CLASS SIZE:	Minimum	7		Ma	ximum _	20_		_		
SET-UP NEEDED: <u>Ple</u>	ease circle or u	<u>ınderline</u>	one set	t-up numl	ber as de	escribed or	page 2.			
	I	II	III	IV	V	VI				
INSTRUCTOR					<u>.</u>	HOME F	PHONE			
ADDRESS(Street No.)		(City		(Zip)		WORK	PHONE			
E-MAIL:		` `	•	,		EMERG	ENCY PHO	ONE		
HOURS BEST FOR PI	HONE CONTA	CT:				CELL P	HONE			

ADDITIONAL DESCRIPTION
PRODUCTS/CHEMICALS: Please list any products, compounds, and/or chemicals that you intend to use including the manufacturer and basic components.
ROOM SET-UP DESCRIPTIONS (Note: Set-ups may or may not be provided by PHR&PD staff) I Classroom Style – Head table for instructor; tables with chairs for students in rows.
II Theatre Style - Head table for instructor; chairs for students in rows.
III Conference Style – Head table for instructor; large table/s in center; with up to four chairs per
side.
IV "U" Shape – Head table for instructor; large tables set in "U-shape" with up to four chairs per
side.
V Empty Room – Nothing in room.
VI Other – please describe:
BIOGRAPHICAL SKETCH