



Community Services Department Contract Instructor Proposal

925.931.5340 | 925.931.5477 Fax

(Separate forms for each class or age group)

INSTRUCTOR INFORMATION

Last Name	Khurana	First	Ritu	M.I.	Date	4/16/14
Business Name	Bay Area Debate Club					
Street Address	45630 Parkmeadow Ct.				Apt/Unit #	
City	Fremont	State	CA	ZIP	94539	
Phone	510 573 2497		Cell Phone	510 703 9116		
Web Site	www.bayareadebateclub.com		Email Address	info@bayareadebateclub.com		

CLASS DESCRIPTION

Title of Class	Public Speaking and Debates
Class Description (45 words maximum)	Please see the attached document

AGE GROUP

- | | |
|---|--|
| <input type="checkbox"/> Preschool (ages 2-5) | <input type="checkbox"/> Adults (18-54) |
| <input checked="" type="checkbox"/> School Age (6-12) | <input type="checkbox"/> Mature Adults (55 & up) |
| <input type="checkbox"/> Teens (13-17) | |

SUBSECTION

- | | |
|--|--|
| <input type="checkbox"/> The Arts | <input type="checkbox"/> Exercise and Wellness |
| <input checked="" type="checkbox"/> Special Interest | <input type="checkbox"/> Sports |

CLASS INFORMATION

Age Min	6	Age Max	14	Min. class enrollment:	7	Max. class enrollment	20
Supply/Material fee	N/A	Items provided	Book				
Special Room requirements							

Days	Start/End Date (s)	Start/End Time (s)	No Class Dates	# of Classes	Fee	(Office Use Only) Course Code
Wed	Sept 10- Oct 29	4:30 - 6:30pm		8	160	
Wed	Nov 12 - Jan 17	4:30 - 6:30	Nov 26, Dec 24, 31	8	160	

Office Use Only

Date Received	Staff Initials	CLASS Entry	Staff Initials
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