



Marinwood Community Services District
775 Miller Creek Road San Rafael, Ca 94903
Ph: (415) 479-0775 www.marinwood.org

Class & Program Proposal Form

Today's Date

Name

Business or Company Name / Website (if applicable)

Phone #

Email Address

Class Title: _____

Class Description: _____

Preferred Day(s) of the week: _____ Classes per session: _____

Length of session: _____ Preferred Time(s): _____

Min/Max Age: ____/____ Min/Max # of participants: ____/____

Proposed Fee: _____ Materials Fee (if applicable): _____

When to be offered (Fall, year-round, etc.): _____

Materials and Space Needed (*classroom, sink, electricity, outside space, tables, chairs, board, etc.*): _____

Please list two (2) professional references:

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____

Please email, fax or mail the above information to:

Email: rbruton@marinwood.org for youth programs and csd@marinwood.org for adult programs

Fax: 415-479-7759

Creating a program or class may take 1-2 months. Please plan accordingly when proposing a new class. To be eligible for Fall/Winter Review, all classes must be submitted by July 1, for Spring/Summer Review all classes must be submitted by December 1.