



(FOR OFFICE USE ONLY)

- Program APPROVED as is
- Program APPROVED per revisions
- Program DENIED

HWC Staff Signature

Date

**Husky Wellness Center (HWC) / Adult Education / N-P Recreation
APPLICATION FOR COMMUNITY EDUCATION PROGRAM OFFERING**

Applicant Name: _____

Today's Date: _____

Phone: _____

Email: _____

Proposed Community Education Program: _____

Description of Proposed Program: _____

Requested Date(s) for Proposed Program: _____

Proposed Fee for the Program: \$ _____ *(80% of fee goes to instructor; 20% to the HWC)*

Qualifications Related to Proposed Program (may attach resume, if appropriate): _____

Materials Needed, if any: _____

Applicant Signature: _____