CLASS PROPOSAL



NSTRUCTOR INFORMATION				
SCA Name		Modern Name		
Street Address		City	Prov/State	Postal/ZipCode
Phone	Email			

Are you willing to travel to teach? If yes, state any limitations (kms/hours/branches) ☐ No Yes **CLASS INFORMATION** Class Title Length of Class (hours) Cost per Student $Minimum\ number\ of\ students\ required$ Maximum number of students allowed Any special room requirements? (i.e., sinks, tables, electrical outlets, combat space, etc.) Should students bring anything? (i.e. scissors, needle, sword) Full Description of Class