

# LCEP

## LYONS COMMUNITY EDUCATION PROGRAM

9 Manhattan Street, Lyons, NY 14489

(315) 946-6202

### Community Education Instructor and Course Application

Instructor Name:

Business Name (if applicable)

Address:

City:            State:            Zip:

Day Phone:            Mobile:            Eve Phone:

FAX:            Email Address:

Class Title:

Day of the Week (circle) M    T    W    Th    F    S            Start Time:            End Time:

Total Number of Meetings/sessions:            Total Hours:

Maximum Enrollment:            Target Audience:            Minimum Age Allowed:

Class supplies student needs to bring:

Class supplies instructor will provide:

Participant course fee if any:            Supply Fee if any:

Requested Instructor Fee if any:

Type of facility/ room set-up (e.g. audiovisual equipment, computers, internet, large tables, etc.)

Class/course description (3 sentences):

Submitted by: \_\_\_\_\_

*(Instructor signature)*

Date:

Accepted by: \_\_\_\_\_

*(LCEP director signature)*

Date:

Send, fax or email the completed application to the attention of the

**Lyons Community Education Program**

**9 Manhattan Street, Lyons, NY 14489.**

**(Fax) 315-946-4574**

**(E-mail) [LCEP@lyonscommunitycenter.org](mailto:LCEP@lyonscommunitycenter.org)**