



Agoura Hills/Calabasas Community Center

27040 Malibu Hills Road
Calabasas, CA 91301
Phone: 818-880-2993
Fax: 818-880-2953

INDEPENDENT CONTRACTOR CLASS PROPOSAL

Instructor's Name: _____

Business Name (if applicable): _____

Address: _____

City: _____ Zip Code: _____

Day Phone: _____ Evening Phone: _____

Fax: _____ Email: _____

Class Title: _____

Season: Winter (Dec-Mar) Spring (Mar-June) Summer (June-Sept) Fall (Sept-Jan)

Proposed Day: M T W Th F Sa Su Proposed Time: _____

Proposed #of Sessions/Weeks: _____ Proposed Age Group: _____

For Contract Classes, the Center works on a 30/70% split (30% of gross receipts goes to the Center, 70% goes to the instructor). With this in mind, what would you charge for this class? _____

Would there be a material fee in addition to the registration fee? How much? _____

Please keep in mind that the material fee must be justified.

Class Blurb: (A short explanation of the class that we could put into our Recreation Brochure)

References: (Include the name/number of the person/agency that could verify your ability to teach this class):

Other Comments:
