Resource Outline

Name: _____ Subject: _____

Address: _____ Phone: _____

City: _____ St.: WA Zip: _____

Synopsis of teaching subject (please include appropriate ages of participants, etc.):

_____

_____

_____

_____

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_____

Teaching time needed (ie. 3 hrs.; 1 hr. on 3 different days; etc.):

_____

_____

Materials needed:

_____

_____

_____

_____

Typical costs if any (please indicate: per unit or per person):

_____

_____

Signing your name (or typing it in if submitting this form electronically) is considered permission for this information to be posted on the District Website and/or shared on paper.

Signed: _____ Date: _____