

Project Learning Day 2017 Teacher Information

(please fill out one for each class)

Name: _____ Phone Number: _____

E-Mail: _____

Name of Class? _____

Description of Class? _____

Cost of Class? _____

Number of Classes? _____

Number of hours per class? (1 class is 50 minutes) _____

Age requirement of students (Minimum age)? _____

Maximum number of students? _____

Supplies students need to bring? _____

A specific type of class room if possible? _____
