

Pro Tech Building, Room COTC 140, 2660 Peck Avenue, Riverton

855-2015 or 855-2190

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	Instructor Information
Name:	Phone:
Address:	Email:
	Class Information
Course Title:	Semester:
Course Description (Complete for the Broch	ure):
Starting Date:	Ending Date:
Day(s) of the Week:	Time:
Number of Sessions: Dates:	Min. Students: Max Students:
Suggested Cost:	Desired Location:

Please return this form to 'R' Recreation in the Professional-Technical Building on CWC's east campus, 2660 Peck Avenue, or email it to recreation@cwc.edu. Please contact Mary Axthelm 855-2015 or Kelly Anderson 855-2190 with any questions.

Room Needs?

Reimbursement for Supplies (Y/N):

Age Restrictions:

Student Supplies (Y/N):