Westfield Adult School Class Proposal

| Your name: | |
|---|---|
| Your phone number: | e-mail address: |
| Proposed class name: | |
| | posing in the space below. Please include the number of ld Adult School classes can be from one to eight weeks in |
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| Tell us about yourself in terms of you are proposing: | or qualifications and experience, relevant to the class you |
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| - · · · · · | o wasnjdirector@gmail.com .com or regular mail to P.O. box 606, Westfield, NJ 07091. Someone from the |