

Class # \_\_\_\_\_  
Location: \_\_\_\_\_

Received: \_\_\_\_\_  
Input: \_\_\_\_\_

### **City of Garden Grove Department of Community Services**

#### **Leisure Classes Information**

|                    |  |
|--------------------|--|
| Instructor: _____  | Phone: _____   |
| Class Title: _____ | Fee: _____<br><small>(including 10% administrative fee and 30% Overhead fee)</small> |

Number of Weeks: \_\_\_\_\_      Begin Date: \_\_\_\_\_

Days of the Week: \_\_\_\_\_      End Date: \_\_\_\_\_

Dates Class Will Not Be Held: \_\_\_\_\_

Class Time: \_\_\_\_\_

Location Requested: \_\_\_\_\_

Ages: \_\_\_\_\_      Minimum Enrollment: \_\_\_\_\_      Maximum Enrollment: \_\_\_\_\_

Class Description:

  
  
  
  
  
  

Supply Fee: \_\_\_\_\_

Supply List:

  
  

Information for Students at Time of Registration: