



SONOMA VALLEY ADULT SCHOOL  
PAM GARRAMONE, PRINCIPAL

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20000 Broadway, Sonoma, California 95476 (707) 933-4033 office (707) 933-4095 Fax

## Teacher Application Form

If you are a returning teacher you need only to let us know of any *changes* to your personal information and your class description!

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Class Title \_\_\_\_\_

Preferred class day \_\_\_\_\_  
(Monday, Tuesday, Wednesday, Thursday or Specified Saturday):

Class start time (Classes can begin at 4:00 PM. Classes end at 9:00 PM) \_\_\_\_\_

How many hours will you need to teach each class? \_\_\_\_\_

How many weeks will you need to teach your class? (We suggest 6 weeks to keep cost down) \_\_\_\_\_

Will there be equipment or technical needs to teach your class? \_\_\_\_\_

Is there any other information you would like to share so that we can best meet your needs?

\_\_\_\_\_

\_\_\_\_\_

Class description (As you would like it to be printed in our brochure and web site) \_\_\_\_\_

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*(Remember to note any student material fees)*