



**DEPARTMENT OF
RECREATION AND PARKS**

Phillip D. Rollins, Director

PROSPECTIVE INSTRUCTOR SURVEY

Name: _____ Date: _____

Business/Organization: _____

Address: _____

Street

City

Zip

Phone number: _____ Email: _____

Course Title: _____

Course Description:

Learning Outcomes:

Number of Sessions: _____ (weeks) Desired Day and Time: _____

Type of facility needed: _____

Age of participants: _____ Lab or supplies fee: _____

Minimum number of students: _____ Maximum number of students: _____

Please return survey to:

P.O. BOX 653 ♦ 23150 LEONARD HALL DRIVE, LEONARDTOWN, MD 20650
PHONE 301.475.4200 X 1800 ♦ FAX 301.475.4108 ♦ www.co.saint-marys.md.us