

The Robert E. Norman
Southern Ohio



INSTRUCTOR / CLASS INFORMATION

Class Title: _____

Primary Instructor: _____

Instructor Teaching Certificate# or SSN#: _____

Instructor Address: _____

Telephone & email: _____

Class Schedule _____ **Two Day** _____ **Saturday** _____ **Sunday**

Maximum Class Size: _____

Classroom Needs _____

Number of instructors and assistants anticipated for lunch _____

Please complete a few lines describing the course for use in the school brochure

Instructor Signature: _____ **Date:** _____