

## Booking Parties Information

Name \_\_\_\_\_

Class Type \_\_\_\_\_

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

If you will not be teaching who will and what is their contact info: \_\_\_\_\_

Do you plan on using the FCC Mindbody for your students to enroll in your class? \_\_\_\_\_

## Class Time

Preferred Day \_\_\_\_\_ Alternate Day \_\_\_\_\_

Preferred Time \_\_\_\_\_ Alternate Time \_\_\_\_\_

## Type of Class(es)

- |                                |                                    |
|--------------------------------|------------------------------------|
| <input type="radio"/> Flow Art | <input type="radio"/> Fitness      |
| <input type="radio"/> Aerial   | <input type="radio"/> Ground Act   |
| <input type="radio"/> Dance    | <input type="radio"/> Other: _____ |

## Area Preferred

- |   |                                    |
|---|------------------------------------|
| <input type="radio"/> Aerial Points 1-4 | <input type="radio"/> Tile Space   |
| <input type="radio"/> Aerial Points 5-8 | <input type="radio"/> Back Room    |
| <input type="radio"/> Black Mat Space   | <input type="radio"/> Other: _____ |

## Booking for Clients

If you are doing Drop- In Classes: Price Per Class \_\_\_\_\_

If you are doing Session: Price for the session: \_\_\_\_\_ Start Date/ End Date \_\_\_\_\_

If you are not using the FCC Mindbody what will you be using for booking \_\_\_\_\_

## FCC Equipment Needed

\_\_\_\_\_

**Marketing Information**

What is the name of your class(es) and the age requirements?

What should we highlight about you or your classes when posting on our website and social media:

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**How did you hear about us**

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**When are you available for an introductory meeting?**

Potential Days \_\_\_\_\_ Potential Times \_\_\_\_\_

Best method to schedule \_\_\_\_\_

**Questions you have for FCC**

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**Additional Information**

Please provide any additional information or special requests below.

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**Emergency Contact Information**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Documents to be submitted with this application:

Resume  
Sample Lesson Plan  
W9 OR Instructor Insurance