



Shadybrook *Journey Within*

6563 Wilson Mills Rd., Suite 102, Mayfield Village, OH 44143

www.shadybrook.org

(440) 459 - 2296

2020 Winter Program Proposal Form

Instructor Name : _____ Date of Proposal: _____

Instructor Phone : _____ Instructor Email : _____

Complete Mailing Address : _____

City

State

Zip

PROPOSED PROGRAM TITLE : _____

PROGRAM RUNNING DAY/DATE/TIME : _____

Multiple Dates &/or Times : _____

SHADYBROOK MEMBER PRICE : _____ NON-MEMBER PRICE : _____

Program Format : ☐ workshop ☐ lecture ☐ hands-on training ☐ Other : _____

PROGRAM DESCRIPTION : _____

As a result of attending this program, participants will : _____

What activities will participants be doing during your program? _____

Participants need to bring : _____

Your needs from Shadybrook : _____

Minimum # of Registration to run: _____ Must have minimum registrations _____ days before program to run

INSTRUCTOR BIO : _____

NOTES : _____

