



INSTRUCTOR(S) NAME _____

CLASS(ES) OFFERED: _____

DATE(S) REQUESTED : (choose at least 2 per month) **Time?**

JUNE: _____

JULY: _____

AUGUST: _____

DESCRIPTION OF CLASS(S): _____

COST: _____ **AGE(S):** _____ **MAX#:** _____ **MIN#:** _____

RPLD will add a \$2 fee to participants to cover online maintenance fees.

How many participants?

LOCATION: _____

PAYPAL EMAIL(REQUIRED): _____

MON-FR

HOW DID YOU HEAR ABOUT US? _____

**QUESTIONS? EMAIL LORACHELLE
CIRCULATION.MANAGER@ROCHESTERLIBRARY.ORG**