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Please type of print neatly using ink pen.

Date _____ Social Security Number _____

Last Name _____ First Name _____

Street Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail Address _____

Can we release your phone number and e-mail ___ yes ___ no

Class Name: _____ Minimum Size _____ Maximum Size _____

Class Description: (please include ages)

Please attach your past brochure description if you are not changing the description. If you are making minor changes, please do on your brochure copy. Attach the copy to this page.

Instructor: _____

Location: _____

Dates	Time	# of classes	Day	Fee Res	Non Res
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Important: Note holidays or days you will be absent from teaching your class.

Email: cjones@ci.el-cerrito.ca.us or lbanuelos@ci.el-cerrito.ca.us