



**Middletown Public Schools**  
**Community Extensions Program – Summer Calendar**  
**Request for Proposal 2010**

Name of Presenter:	
Name of Organization (if applicable):	
Street Address:	
Town/City/State:	
Phone:	
Cell Phone:	
E-mail:	
Fax:	
Please Check One	<input type="checkbox"/> Course <input type="checkbox"/> Workshop
Course/Workshop Title:	
Date(s) of proposed course/workshop:	
Time Frame for proposed course/workshop:	
Course/Workshop Description (as it would appear in the summer catalog)?	
This course/workshop is intended for what age range (check all that applies)?	<input type="checkbox"/> Primary (grades K-4) <input type="checkbox"/> Lower Secondary (grades 5-8) <input type="checkbox"/> Upper Secondary (grades 9-12) <input type="checkbox"/> Adult (ages 18 and up)
Approximate cost per participant:	\$ _____
Will a materials fee be necessary for this course/workshop?	<input type="checkbox"/> no <input type="checkbox"/> yes

<p>If yes, what is the cost for materials per participant?</p> <p>(attach itemized list of materials required for this course/workshop)</p>	<p>\$ _____</p>
<p>Are there special considerations for space for this course/workshop? (For example, will this course/workshop require kitchen facilities, open indoor space, outdoor facilities, etc.)</p>	<p><input type="checkbox"/> no</p> <p><input type="checkbox"/> yes Describe:</p>
<p>Are there prerequisites for this course/workshop? (For example, a digital photography course that requires participants to bring their own digital cameras)</p>	<p><input type="checkbox"/> no</p> <p><input type="checkbox"/> yes Describe:</p>
<p>Is there anything else we should know about this course/workshop?</p>	

**Submit to:** Carmela Geer, Community Outreach Director  
Middletown Public Schools  
26 Oliphant Lane  
Middletown, RI 02842  
Or e-mail to [cgeer@mpsri.net](mailto:cgeer@mpsri.net)  
**No later than 12:00pm, Monday, March 30, 2010**