

Barnstable Senior Center Instructor Interest Form

What Type of Class would you like to teach? _____

Description: _____

Class Title: _____

Day of Week: _____ Time of Class: _____ # of Sessions: _____

Have you taught with Senior's in the past? If so where: _____

Name: _____

Address: _____

Phone Number: _____ Cell #: _____

EMAIL: _____

Return to: Susan Griffin
Barnstable Senior Center
825 Falmouth Road
Hyannis, MA 02601
susan.griffin@town.barnstable.ma.us

Instructors Signature _____