



ALL SOULS INTERFAITH GATHERING, INC.

Class Request Application

Name: _____

Address: _____

Phone #: _____ Cell #: _____

Email Address: _____

Class Information

Class *: _____

All Classes with movement require a copy of Instructor's Insurance policy listing ASIG as additional Insurer

Date(s) Class Begins: _____ Date(s) Class Ends: _____

Time Class Begins: _____ Time Class Ends: _____ # of Students: _____

(Circle and number your first and second choice for day(s) of week)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

(Circle only one)

One-Time Only Weekly Monthly Other: _____

Space Requested

(Circle and number your first and second choice)

Sanctuary Gathering Hall/SunPorch Sun Porch Kitchen

Classroom upstairs Earth Space

**Please provide a brief description of the Class and any other information we may need on the reverse side or on an attached separate piece of paper-also a 30-word description of your class with pricing that we could put in our newsletter.*