



ALL SOULS INTERFAITH GATHERING, INC.

Class Request Application

Contact Name: _____

Address: _____

Phone #: _____ Cell #: _____

Email Address: _____

Class Information

Class*: _____

(All Classes with movement require a copy of Instructor's Insurance policy)

Date(s) Class Begins: _____ Day(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 one only)

One-Time Only Weekly Monthly Other: _____

Space Requested

(Circle and number your first and second choice)

Sanctuary Gathering Hall/Sunporch Sunporch Kitchen

**Please provide a brief description of the Class on the reverse side or on an attached sheet*

Please Mail Application to: P.O. Box 309 Shelburne, VT 05482