

MUDGEE DISTRICT U3A 2019 PRESENTER COURSE FORM

Name: Phone:.....

Email:

Contact: Program Coordinator Sally Colley 6372 9993 email: sallycolley@yahoo.com.au

COURSE NAME:

Preferred DAY of delivery: *Option 1* *Option 2* *Option 3*.....

Delivery Mode: *(Please tick)*

- 1. Weekly Fortnightly 1st & 3rd weeks of the month Fortnightly 2nd & 4th weeks of the month and
- 2. All 4 terms or Term 1 Term 2 Term 3 Term 4

Other

Time required for Class: 1 hour 1.5 hours 2 hours Other.....

Preferred start and finish time for Class:

Preferred Term Dates for Delivery: *using NSW School Term Dates (Please tick one)*

- | | | | | | | | |
|--------------------------|--|--------------------------|---|--------------------------|--|--------------------------|--|
| <input type="checkbox"/> | TERM 1
<i>Feb 4 - April 12</i>
(10 Weeks) | <input type="checkbox"/> | TERM 2
<i>April 29 - July 5</i>
(10 Weeks) | <input type="checkbox"/> | TERM 3
<i>July 22 - Sep 27</i>
(10 Weeks) | <input type="checkbox"/> | TERM 4
<i>Oct 14 - Dec 13</i>
(9 Weeks) |
| <input type="checkbox"/> | <i>Feb 11 - March 5</i>
(8 Weeks) | <input type="checkbox"/> | <i>May 6 - June 28</i>
(8 Weeks) | <input type="checkbox"/> | <i>July 29 - Sept 20</i>
(8 Weeks) | <input type="checkbox"/> | <i>Oct 21 - Dec 13</i>
(8 Weeks) |

Or

Short course (e.g. weekend) dates:

Preferred Location: Adams St Club Mudgee Opal Mudgee The Stables Gallery
(Please tick one)

Pioneer House Home (Address).....

Other

Brief Course Description: _____

