



INFORMATION O=-- - U COURSE OFFER

This information will be published in the Info Morin-Heights

COURSE DESCRIPTION

Name of the course _____

Teacher's name _____

Description of the course
(type, style, level of difficulty,
specific qualifications, etc.)
15 words or less _____

PARTICIPANTS

Age categories : Children
 Teenagers
 Adults
 Seniors

DETAILED INFORMATION ON THE COURSE

Schedule Day : _____
Hour : _____

Number of weeks / session _____

Dates Beginning _____ End _____

Scheduled days off _____

Minimum number of registrations _____ Maximum number of registrations _____

COST

Cost per session \$ (taxes included)	Resident	Non-resident
(A 15% difference in price is mandatory between residents and non-residents)	_____	_____

REGISTRATIONS

Name of the person in charge of registration _____

Authorized coordinates for publication Phone _____
Email _____

INTER-MUNICIPAL AGREEMENT

I would like my course to be part of the inter-municipal agreement YES NO
(the confirmation will follow by email in a few weeks)

Thank you for completing and sending this information sheet to the following email address : eliane.charbonneau@morinheights.com