EDWARD KING —HOUSE—

EDWARD KING HOUSE

Request for Proposal-Virtual Programming

Name of Presenter:	
Name of Organization (if applicable):	
Street Address:	
Town/City/State:	
Phone:	
Cell Phone:	
E-mail:	
Fax:	
Please Check One	[] Course [] Workshop
Course/Workshop Title:	
Date(s) of proposed course/workshop:	
Time Frame for proposed	
course/workshop:	
Course/Workshop Description (as it would	
appear in the program catalog)?	
Note: feel free to attach a description	
This course/workshop is intended for what	[]50+
age range (check all that applies)?	Public Audience
age range (encour an anni appress).	Retirees
	adult family members of seniors
	addit family members of semors
	will volunteer my services
Cost:	will volunteer my services
	I would accept an honorarium
	1 would decept an nonotarrain

What materials will be needed for this course?	
Are there prerequisites for this course/workshop? (For example, a digital photography course that requires participants to use their own digital cameras or a specific book to be read)	[] no [] yes Describe:
Is there anything else we should know about this course/workshop? Will you need assistance to learn how to use Zoom?	

Dr. Anna Matos-Mournighan, Assistant Director The Edward King House Senior Center 35 King Street Newport, RI 02840 **Submit to:**

Or e-mail to ekhchiefofstaff@gmail.com