



PROGRAM PROPOSAL FORM

Instructor Information

Name: _____ Business Name (if applicable): _____

Mailing Address: _____

Phone Number: _____ Email Address: _____

Website/Social Media (if applicable): _____

Program Information

Program Title: _____

Program Description

(Please provide a brief description that could be used in our program guide.)

Age Group(s): *Select all that apply*

☐ Preschool (3–5) ☐ Youth (6–12) ☐ Teens (13–17) ☐ Adults (18+) ☐ Older Adults (55+)

☐ Family/All Ages **Maximum Enrollment per class:** _____

Scheduling Preferences

Preferred Day(s): ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Preferred Time(s): ☐ Mornings ☐ Afternoons ☐ Evenings

Length of Each Class: _____ **Number of Sessions:** _____

Experience & Qualifications

Have you taught this program before? If yes, please indicate where.

Save this form and email to recreation@cromwellct.gov

Please list any relevant certifications, licenses, or professional credentials.

Program Requirements

Describe any equipment or supplies needed.

Facility Type/Needs Desired: *Please check all that apply:*

- | | | | |
|---|--|---|--------------------------------------|
| ☐ Classroom | ☐ Gymnasium | ☐ Outdoor Space | ☐ Kitchen |
| ☐ Dance/Fitness Room | ☐ Tables & Chairs | ☐ Audio/Visual Equipment | ☐ Electricity |
| ☐ Other: _____ | | | |

Instructor Information

Are you able to provide proof of liability insurance (if required)? ☐ Yes ☐ No

Have you completed a background check within the past two years? ☐ Yes ☐ No

Are you legally authorized to work in the United States? ☐ Yes ☐ No

Additional Information

Please share any additional information that would help us evaluate your proposal.

References (Optional but Encouraged)

Name	Organization	Phone/Email
1. _____	_____	_____
2. _____	_____	_____

Recreation Department Use Only

Date Received: _____ Reviewed By: _____

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