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.

_____

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: _____