



Program Proposal Form

(Please complete entire form)

Instructor's Name: _____ Date: _____

Business/Organization: _____

Address: _____

Street

City

Zip

Day Time Phone: _____ Evening Phone: _____

E-mail Address: _____

Web Site Address: _____

Brochure Editions:

Fall/Winter
SEPTEMBER – FEBRUARY

Spring/Summer
MARCH – AUGUST

Course Title: _____

Detail Course Description:

Please give us a three to five sentence description of your program that will appear in the program brochure (be creative):

Participant's Ages: _____

Session Length: 1 Day 2 Days 4 Weeks 5 Weeks 6 Weeks 8 Weeks

Frequency class will be held:

Once a week Twice a week Other _____
(describe)

Day(s) of the week class to be held:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Course Start Time: _____ AM PM **Course End Time:** _____ AM PM

Course Start Date: _____ **Course End Date:** _____

Total Number of Classes in Session: _____

Number of Sessions: _____

Course Fee: \$ _____

Are you renting one of our facilities or rooms? Yes No

If yes, please fill out our rental request and submit to both administration and Program Coordinator.

Is there any other additional cost to the participants? Yes No

If yes, describe in detail.

Maximum Number of Students per class: _____

Minimum Number of Students per class: _____

Type of Facility Needed: _____

Please attach a copy of your résumé if it pertains to your class or program.

Please provide the names, addresses and telephone numbers of at least two references in the space provided below:

1. Name: _____ Phone Number: _____

Address: _____

2. Name: _____ Phone Number: _____

Address: _____

3. Name: _____ Phone Number: _____

Address: _____

Yes, I have received the Independent Contract Instructor Handbook and I understand the requirements and provisions of becoming an Independent Contract Instructor.

Contract Instructor Signature

Date