

## Mission Oaks Recreation and Park District <a href="CLASS PROPOSAL FORM">CLASS PROPOSAL FORM - FOR NEW & RETURNING CONTRACTORS</a>

(Please provide separate forms for each class or age group)

Instructor Information				
Last Name:		F	irst Name:	
Name of Business or Organization				
Current address:				
City:	State:	Z	P Code:	
Phone: ( )	Email:			
Your Experience and Qualifications:				
CLASS DESCRIPTION				
PROPOSED CLASS TITLE:				
Class Description for Activity Guide (50 words max)				
Have you taught this class before?		☐ YES	□ NO	
Location:		Dates:		
May we contact them as a reference?		YES	□ NO Phone: ( )	
CLASS INFORMATION				
Class Length (1day, 4wks, 6wks, etc):				
Do you have a preference to teach this class? Week	days Mornii	ngs 🗌 We	eekday Evenings 🗌 Weekends	
Day(s)/time(s) you'd prefer?		Day(s) /time(s) you can't teach?		
Age Min: Age Max:		Min. Enrollment: Max. Enrollment:		
Registration Fee:		Materia	ls Fee:	
Target Age Group (circle): Preschool (ages 2-5) Teens (1	3-17) Scho	ol Age (6-1	2) Adults (18 & up) Mature Adults (50 & better)	
References				
Please provide 3 references with phone numbers				
Name:		Phone:		
Name:		Phone:		
Name:		Phone:		
Signature of applicant			Date:	
r annualite of sublicant.			Luare:	



Days	Start/End	Start/End Time(s)	No Class Dates	# of Classes per	Suggested
	Date(s)	Preference	(i.e. Holidays)	session	Course Fee
	Preference				
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0	Rectangular Tables #
0	Round Tables #
0	Chairs #
Audio/	Video Equipment needed:
0	TV or DVD Player
0	Projector/Screen
0	Sound System
0	Computer/Lap Top Hook-up
Гуре о	of facility needed:
0	Classroom (tables & chairs)
0	Gymnasium
0	Outdoor Location
0	Dance/Aerobics Room
0	Indoor open floor space
0	Instructor will utilize his or her own facility
0	Other: (Please describe)