

PENFIELD RECREATION PROGRAM PROPOSAL TO OPERATE CLASSES

Please complete and return to:

Penfield Recreation 1985 Baird Road Penfield, NY 14526 340-8655 fax 340-8617

NAME: _____ TELEPHONE: _____

ADDRESS: _____

PROGRAM TITLE: _____

CONTENT: (brief description of course content - use an attachment if desired)

Total number of instructional hours involved in course operation : _____

How often do you propose to meet? _____ times(s) per week for _____ week(s)

Other (i.e. once a month, one time only, etc) _____

Length of each class: _____ hours Min./Max. Participants per class: _____ / _____
(min.) (max.)

Target group: Circle (Preschool – Youth – Teen – Adult – Family)

Class to be held: _____ Weekdays _____ Weekend

Hours: _____ Morning _____ Afternoon _____ Evening

Type of room or facility needed:

_____ Gym _____ Classroom _____ Kitchen _____ Field _____ Other

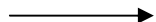
If you are a commercial business, do you have an established facility where you hold these classes ? _____ No _____ Yes/Location: _____

Is there a preferred season of operation? _____

What program equipment do you expect/need the town to provide?
(i.e., tables, chairs, mats, goals, etc.) _____

What is reasonable fee to charge participants for this offering? _____

OVER



What amount do you propose to earn as an instructor? _____
(please remember to include all your material costs)

* Have you instructed this class before? _____
Yes _____ No _____

If yes – when, and through what organization? _____
Please provide a contact person and phone # for our reference:

Other References:

| Name | Phone # | Relationship |
|----------|---------|--------------|
| 1. _____ | | |
| 2. _____ | | |

We generally work on programs according to this schedule:

SEASON OF OPERATION

Winter/Spring Programs
Summer Programs
Fall Programs

PROPOSAL DEADLINE

October 23
February 26
June 24

Thank you for your interest in operating a program for our department.

We will contact you after receiving this form.