



TOWN OF DRYDEN
Recreation Department
93 EAST MAIN STREET
DRYDEN NEW YORK 13053-9505
TEL: 607-844-8888
FAX: 607-844-8008

INFORMATION SHEET FOR PROPOSED RECREATION CLASS

Please complete the information on this sheet and return to our office as soon as possible.
Thank you!

Name of proposed class: _____
Instructor: _____ Phone: _____
Mailing Address: _____ City/Zip: _____

Brief Program Description: (Recommended brochure content):

Staff Qualifications: List all staff (including you) with program leadership responsibilities.

Staff should be listed from most experienced to junior staff. Detail qualifications for this program plus CPR/First Aid Certifications dates for each person (CPR not always required)

Name: _____ CPR Date: _____ First Aid Date: _____

Experience: _____

Name: _____ CPR Date: _____ First Aid Date: _____

Experience: _____

Proposed days/week for your class to meet:

Time From: ____AM ____PM **To:** ____AM ____PM

Room/Area/Park you would like to see your class held: Fee you recommend charging:
Per: Class Month Session

Is there a materials charge? Yes No

If Yes, how much is the fee? \$_____

What does the materials fee cover? _____

Total number of days/ weeks your class will meet:

Minimum number of participants needed for your class to be held: _____

Maximum number of participants you can handle:

Age level of students (if you are teaching children also, indicate youngest to highest age appropriate for the class):

Is there a specific skill level you would prefer to teach? Yes No

If "Yes", indicate which level you will be teaching: _____

Are there any special clothing or materials that are required by the student in order to participate in the class? _____

What are the estimated costs per student to obtain special clothing or materials?
\$_____

Class Description: _____

Goals and Objectives you intend to achieve in teaching your class: _____

Course Outline: _____

Please indicate your background and experience as it relates to this class (attach if necessary):

Please list three references from people who know of your abilities to teach this class (references will be checked so please list accurate phone numbers and addresses):

1.

Name	Address	City	Phone
_____	_____	_____	_____

2.

Name	Address	City	Phone
_____	_____	_____	_____

3.

Name	Address	City	Phone
_____	_____	_____	_____

Please attach a sample lesson plans from your course to this form.

After review of the information you have provided, you will be contacted by the Recreation Director. Completion of this information form does not imply a contract/ Therefore, no guarantees can or will be made for the propose class to be offered by the Town of Dryden Recreation Department