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