



## Program Proposal Form

### Instructor Information:

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

Email Address \_\_\_\_\_ Years of Experience: \_\_\_\_\_

Description of Experience: \_\_\_\_\_

Certification Information (if applicable): \_\_\_\_\_

### Program Information:

Proposed Program Title: \_\_\_\_\_

Brief Program Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Program Goals: \_\_\_\_\_

Facility Needs: \_\_\_\_\_

Proposed Program Age Range: \_\_\_\_\_ Proposed Dates: \_\_\_\_\_

Length of each individual class be: (minutes/hours): \_\_\_\_\_

Frequency:  Daily  Weekly  One-time class  Other: \_\_\_\_\_

Day:  Sun.  Mon.  Tues.  Wed.  Thurs.  Fri.  Sat.

Time of Day:  Morning  Afternoon  Evening

Minimum # of Participants: \_\_\_\_\_

Maximum # of Participants: \_\_\_\_\_

Information Needed by Participants: Please list any items that would be helpful to participants (i.e. appropriate attire, equipment needed, supplies needed, pre-requisites, etc...)

**Financial Elements:**

Instructors Desired Rate of Pay: \_\_\_\_\_

Supplies Provided by Instructor: \_\_\_\_\_

Supplies Needed from CCPR: \_\_\_\_\_

Additional Cost to Participants (i.e. supply fees, insurance fees): \_\_\_\_\_

Additional Program Information may be attached, if needed.

For Office Use Only:      Date Received: \_\_\_\_\_      Received by: \_\_\_\_\_