

Larkspur Recreation • PROGRAM PROPOSAL

BUSINESS contact information

Business name _____

Address _____

Phone _____ Fax _____

Email _____

Website _____

INSTRUCTOR contact information

Instructor name _____

Address _____

Phone _____ Fax _____

Email _____

Website _____

PROPOSED PROGRAM

Program name _____

Program description (add attachment if necessary) _____

When you would like to start the program (season/month/day) _____

When you would like to start the program (time of day) _____

Days you would like to offer program _____

Length of program (hours per day) _____

Length of program (total number of days in a session) _____

PARTICIPANTS: Desired class size _____ Minimum size _____ Maximum size _____

Age of participants _____ Prerequisites? _____

FEES: Proposed class fee _____ Proposed amount instructor receives _____

Is there a materials fee? If so, how much and what does it include? _____

REFERENCES

Name _____

Position _____

Address _____

Department _____

Phone _____ Fax _____

Email _____