



Cameron Park Community Services District Recreation Department  
2502 Country Club Drive, Cameron Park, Ca. 95682

RECREATION CLASS PROPOSAL

SEASON PERIOD:  Summer (June–August),  Fall/Winter (Sept-Dec),  Winter/Spring (Jan-May) \*\* Information must be submitted at **least three months** prior to first month, i.e. – classes for Summer must be submitted by Feb, Fall/Winter by June, Winter/Spring by October.

Please complete one set of forms for each class proposal and return to Recreation Office.

CONTRACTOR NAME: \_\_\_\_\_ BUSINESS LICENSE #: \_\_\_\_\_

(El Dorado Country)

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE (DAY) \_\_\_\_\_ PHONE (HOME): \_\_\_\_\_ PHONE (FAX) \_\_\_\_\_

SSN# \_\_\_\_\_ TAX ID #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PROPOSED PROGRAM NAME/TITLE: \_\_\_\_\_

Experience/background in proposed class/activity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Experience working with public and age groups targeted for this class/activity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Education, certificates, and training related to proposed class/activity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REFERENCES (Personal or Professional)

Name \_\_\_\_\_ Years known \_\_\_\_\_

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

Position: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name \_\_\_\_\_ Years known \_\_\_\_\_

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

Position: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

CLASS CATEGORY:       Youth       Teen    Adult      Age range if under 18 years \_\_\_\_\_

PROPOSED PROGRAM NAME/TITLE: \_\_\_\_\_

Class/Activity outline is **attached**: Yes \_\_\_\_\_ No \_\_\_\_\_

“DESCRIPTION OF PROGRAM” (as you would like to see it in advertising): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Desired class/activity length:

# of hours: \_\_\_\_\_ # times per week: \_\_\_\_\_ # of weeks: \_\_\_\_\_

MAY STUDENTS ENROLL AFTER THE FIRST CLASS?  Yes  No      Pro-rate?  Yes  No

ENROLLMENT MINIMUM: \_\_\_\_\_ ENROLLMENT MAXIMUM: \_\_\_\_\_

PROVIDE A LIST OF PERFERED CLASS TIMES AND DAYS:

1<sup>ST</sup> CHOICE

2<sup>ND</sup> CHOICE

3<sup>RD</sup> CHOICE

TIMES: \_\_\_\_\_ to \_\_\_\_\_      \_\_\_\_\_ to \_\_\_\_\_      \_\_\_\_\_ to \_\_\_\_\_

DAY/S: \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

DATE/S: \_\_\_\_\_ to \_\_\_\_\_      \_\_\_\_\_ to \_\_\_\_\_      \_\_\_\_\_ to \_\_\_\_\_

RECOMMENDED CLASS/ACTIVITY FEE: \$ \_\_\_\_\_

(Please note the CSD charges a non-resident fee of \$5 and a \$2-\$4 administrative fee per participant retained by the CSD)

RECOMMENDED MATERIAL FEE,

\_\_\_\_\_ Included in class fee; instructor will provide all necessary material at class

\_\_\_\_\_ Not included in class fee; student to acquire materials/supplies and bring to class – please attached list

\_\_\_\_\_ Not include in class fee; student to purchase from instructor, approx. cost \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

CONTACT NAME AND PHONE NUMBER OF INSURANCE CARRIER (If applicable)

\_\_\_\_\_

FACILITY NEEDED: \_\_\_\_\_

EQUIPMENT REQUEST (Chairs, tables, etc):

\_\_\_\_\_

\_\_\_\_\_

INSTRUCTOR BIOGRAPHY TO BE INCLUDED WITH SAMPLE FLYERS OR ARTICLES