



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

RECREATION CLASS PROPOSAL

SEASON PERIOD: Summer (May – August), Fall/Winter (Sept/Dec), Spring (Jan/April) ** Information must be submitted at **least three months** prior to first month; ie – classes for summer must be submitted by Feb, fall by June, 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 particular 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: () _____

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:

1ST CHOICE

2ND CHOICE

3RD 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
