

**COURSE PROPOSAL INFORMATION**

(INSTRUCTORS MUST COMPLETE A SEPARATE FORM FOR EACH CLASS)

Instructor's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City/ZIP: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Proposed Course Title:** \_\_\_\_\_

**Description:** \_\_\_\_\_

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

**Instructor's Biography** - include college degrees, prior teaching and work experience, affiliations, etc.:

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

**Participant Information:**

Age Range: \_\_\_\_\_ Minimum # Students: \* \_\_\_\_\_ Maximum # Students: \_\_\_\_\_

\*If fewer than the required minimum sign up, the class will be cancelled by the Parks Department.

Pre-Requisites for class participation, if any: \_\_\_\_\_

Are you bilingual: No \_\_\_\_\_ Yes \_\_\_\_\_ Language: \_\_\_\_\_

**Class Schedule Information** (continue on reverse if more space is needed):

Schedule Preference: Days: \_\_\_\_\_ Dates: \_\_\_\_\_ Hours: \_\_\_\_\_

Days: \_\_\_\_\_ Dates: \_\_\_\_\_ Hours: \_\_\_\_\_

**Insurance:**

Depending on your class, you may need to provide proof of general liability insurance (1 million), or insurance requirements may be waived.

Can you provide proof of one million of general liability insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have private insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

**Location preference** (check all that apply): Mar Vista Elementary \_\_\_\_\_ Aptos Village Park \_\_\_\_\_

Simpkins Family Swim Center \_\_\_\_\_ Quail Hollow Ranch Co. Park \_\_\_\_\_

Other \_\_\_\_\_

**Equipment and Facility Needs** (e.g. dry erase board, desks, electricity, running water, sink, etc.):

\_\_\_\_\_

**Recommended class fee**, per participant: \$ \_\_\_\_\_ **Materials fee**, if any \$ \_\_\_\_\_

Please note - County Parks retains 40% of net registration receipts, less sibling discounts, refunds, etc.

It is the instructor's responsibility to collect materials fees, which are paid directly by students to the instructor.

**Marketing and Promotion:** Do you plan to advertise this class apart from County Parks? If so, how?

\_\_\_\_\_

**Please give a brief outline of each class and material to be covered:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**References:** Please give two names of former students or co-workers we can contact who are familiar with your teaching qualities:

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

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

W-9

INSURANCE

FINGERPRINTS CLEAR D.O.J DATE \_\_\_\_\_

SSN: \_\_\_\_\_

CONTRACT COMPLETE

PURCHASE ORDER REQ. \_\_\_\_\_ N/A \_\_\_\_\_