



# NEW CLASS PROPOSAL FORM

Instructor Name \_\_\_\_\_  
Organization Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_  
E-mail Address \_\_\_\_\_

Information listed below represents a proposal I am submitting for consideration by the City of Maple Valley Parks & Recreation Department.

Class/Program Title \_\_\_\_\_

## CLASS/PROGRAM DESCRIPTION

### GENERAL INFORMATION

#### *First Choice*

Weekday(s) program is offered:

SUN  MON  TUE  WED  THU  FRI  SAT

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Beginning Time \_\_\_\_\_ Ending Time \_\_\_\_\_

#### *Second Choice*

Weekday(s) program is offered:

SUN  MON  TUE  WED  THU  FRI  SAT

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Beginning Time \_\_\_\_\_ Ending Time \_\_\_\_\_

Please indicate the **seasons** this program would be offered:

- Winter** January-March
- Spring** April-June
- Summer** June-August
- Fall** September-December

Please describe the **ages** this program would be offered for: from \_\_\_\_\_ to \_\_\_\_\_ years.

Minimum # of **students** \_\_\_\_\_ ; maximum # of students \_\_\_\_\_.

Proposed **fee** charged for the class/program \$ \_\_\_\_\_.

**SUPPLIES & EQUIPMENT**

Facility Requirements

Equipment or supplies provided by the **Instructor**.

Equipment or supplies provided by the **Recreation Department**.

**INSTRUCTOR PAYMENT INFORMATION**

How instructor would like to be paid for services rendered. Please choose one option.

- Percentage split of **70% to instructor / 30% to City of Maple Valley**
- Volunteer time/no payment requested

Do you have current CPR & First Aid Certification? Please list dates of certification.

CPR \_\_\_\_\_ First Aid \_\_\_\_\_

Do you currently possess Commercial Liability Insurance?  Yes  No

Have you taught this class before?  Yes  No

If yes, when and where?

Please explain the experience you have teaching this class or cross training experience that enables you the ability to teach the proposed class.

Please list at least 2 professional references.

Name	Organization	Phone #
_____	_____	_____
_____	_____	_____

Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return to:**  
 City of Maple Valley Parks & Recreation  
 Attention: Recreation Manager  
 P.O. Box 320  
 Maple Valley, WA 98038