

Instructor: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### Program Information

Name of Program: \_\_\_\_\_

Program description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What group(s) will be served?

Youth, ages: \_\_\_\_\_

Adults, ages 18-54

Seniors, ages 55+

Various ages: \_\_\_\_\_

### Course Information

Our programming sessions are six months each: Fall/Winter (September through February) and Spring/Summer (March through August). You may have multiple courses within a session.

One course is \_\_\_\_\_ weeks, \_\_\_\_\_ class(es) per week, \_\_\_\_\_ minutes each.

How many participants? \_\_\_\_\_ Minimum \_\_\_\_\_ Maximum

How much do you need to be paid per participant each course? \$\_\_\_\_\_ *This will be 70% of actual Resident Fee clients are charged.*

When are you available to teach? Please select all that apply.

Mondays, time(s): \_\_\_\_\_

Tuesdays, time(s): \_\_\_\_\_

Wednesdays, time(s): \_\_\_\_\_

Thursdays, time(s): \_\_\_\_\_

Fridays, time(s): \_\_\_\_\_

Saturdays, time(s): \_\_\_\_\_

Sundays, time(s): \_\_\_\_\_

**Do you need any of the following?**

Floor Mats (Qty: \_\_\_\_\_ )

Chairs (Qty: \_\_\_\_\_ )

8-Person Rectangular Tables (Qty: \_\_\_\_\_ )

6-Person Round Tables (Qty: \_\_\_\_\_ )

Sink

Refrigerator

Other: \_\_\_\_\_

**What other equipment / supplies / materials will be required?**

**PROVIDER (choose one)**

1. \_\_\_\_\_

Instructor

GRC

Participant

2. \_\_\_\_\_

Instructor

GRC

Participant

3. \_\_\_\_\_

Instructor

GRC

Participant

4. \_\_\_\_\_

Instructor

GRC

Participant

5. \_\_\_\_\_

Instructor

GRC

Participant

**Notes to Instructor**

- ❖ **Activities cannot damage Recreation Center floors or furniture. Please inform the Recreation Center representative of any precautions that should be taken.**
- ❖ **This will be a program managed by the Recreation Center. All instructors sign individual contracts with the City of Georgetown each session and will be paid according to the terms in that contract.**
- ❖ **Payment is negotiable and will be determined by the Recreation Center Supervisor(s) and will be re-evaluated each session. This form and the information you give is a proposal only, and is in no way a guarantee.**
- ❖ **All instructors must submit to an annual criminal background check.**
- ❖ **For certain types of programs, instructors may be required to show proof of CPR certification.**

Office  
Use Only

Date of Proposal: \_\_\_\_\_

Recreation Center Representative: \_\_\_\_\_

# Instructor Biography

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

How long have you been instructing? \_\_\_\_\_

What certifications / licensing do you have (if applicable)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional experience / information about yourself: \_\_\_\_\_

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