



PROGRAM PROPOSAL

Proposals are considered for implementation based on factors including, but not limited to: community demand, relevance to department objectives, existing courses, and potential for cost recovery. Parks and Recreation reserves the right to accept or reject any proposal at its sole discretion.

Submission deadlines are as follows:

- July 5th for programs beginning in September thru December (Fall Programs)
- October 5th for programs beginning in January thru March (Winter Programs)
- January 5th for programs beginning in April thru August (Spring/Summer Programs)

Completed proposals should be submitted to Elizabeth Mayne, Program Supervisor:

Mail to:

Cheshire Parks & Recreation
Attn: Elizabeth Mayne
559 South Main Street
Cheshire, CT 06410

Email to:

emayne@cheshirect.org

Fax to:

203-272-5858

Applicant Information

Name: _____ Date: _____
Street Address: _____
City, State, Zip: _____
Phone: Primary: _____ Alternate: _____
Email: _____
Website: _____

Please list all education, certifications, and experience relevant as it pertains to becoming an instructor for the Parks and Recreation Department.

Additional Information

Though not required, we encourage potential instructors to submit the following:

- Current resume
- References (List other communities or locations you have taught the program)
- Brief lesson plan for at least one class session
- Handouts
- Flyers, brochures, or advertisements used for your class
- Photos or samples of class work



PROGRAM INFORMATION

Describe program or class you are proposing. Information you provide may be altered to best serve the community, coincide with facility availability and meet department objectives.

Class Title: _____

Have you ever taught this class or a similar class? Yes No

If yes, where & when? _____

Description of Program (*Be creative - this will be used in advertising*):

Participant Information

Age Range: _____ OR Grade Range: _____

Minimum # Participants: _____ Maximum # Participants: _____

What are the class benefits for the participant?

Schedule & Location

How many times will this program meet? _____

Frequency: Daily Weekly Other _____

Day: Sun. Mon. Tue. Wed. Thu. Fri. Sat

Time of Day: Morning Afternoon Evening OR Specific Time: _____

Setting: Classroom Athletic Field (type/size) _____

Gym Multipurpose Room Other: _____

Financial Considerations

Instructor's Desired Rate of Pay _____

Will you provide all supplies, materials and/or equipment? Yes No

If no, please list required supplies, materials and/or equipment and the approximate cost of each.

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