



Course Proposal Form

Thank you for taking the time to submit your program proposal for review. Please submit one proposal per form. Return completed form to Si View Metro Parks administrative office or email to info@siviewpark.org.

Please note that all proposals are subject to review by program coordinator prior to approval. Proposals are evaluated based on pertinence to current offerings and trends, and availability of building space. Not all proposals are accepted.

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| Instructor Name _____ |
| Company Name _____ |
| Primary Phone _____ Email _____ |
| Mailing Address _____ |

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|---------------------------|
| Course Title _____ |
| Description _____ |
| _____ |
| _____ |
| _____ |

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| Target Group: Pre-School <input type="checkbox"/> Youth <input type="checkbox"/> Teens <input type="checkbox"/> Adults (18+) <input type="checkbox"/> Seniors (55+) <input type="checkbox"/> |
| How many times per week do you propose to meet? _____ For how many weeks? _____ |
| Length of class _____ hours Minimum/maximum participants per class _____ / _____ |
| Class day and time: Weekday <input type="checkbox"/> Weekend <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> |
| Type of space needed: Gym <input type="checkbox"/> Classroom <input type="checkbox"/> Kitchen <input type="checkbox"/> Field <input type="checkbox"/> Other <input type="checkbox"/> |
| Season: Winter (Jan-Apr) <input type="checkbox"/> Spring/Summer (May-Aug) <input type="checkbox"/> Fall (Sep-Dec) <input type="checkbox"/> |
| What total fee (per person) are you recommending for the course? \$ _____ |
| Is there an additional material fee for your class? _____ If yes, how much? \$ _____ |
| Additional notes: _____ |

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|--|
| Your qualifications to teach this program <i>Please provide copies of pertinent certifications:</i> |
| _____ |
| _____ |
| _____ |
| Have you instructed this class before? _____ If yes, where and who did you work with? |
| Name: _____ Company: _____ Phone: _____ |