Mission Oaks Recreation and Park District

3344 Mission Avenue, Carmichael CA 95608

Class Proposal Form- New & Returning Contractors

ORGANIZATION / INSTRUCTOR CONTRACT INFORMATION

Last Name:	First Name:	M.I.:	Date:
Business Name:			
Street Address:		Apt/Unit #:	
City:	State:	Zip:	
Primary Phone:		Secondary Phone	
Website:	Email:		

CLASS DESCRIPTION

Class Description for Website: Please include information participants must know, such as dress requirements or supplies.

REFERENCES: Please provide 3 references with phone numbers

Name:	Phone #:	Email:	
Name:	Phone #:	Email:	
Name:	Phone #:	Email:	
Have you taught this class before? ☐ Yes ☐ No		Location:	
Dates:	May we contact them as a reference?	☐ Yes	☐ No

CLASS INFORMATION

Class Title:		Min Enrollment:	Max Enrollment:
Participant's Age: Min Max		Registration Fee:	Materials Fee:
Course Dates:		# classes per session:	
Days of the Week: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Weekend			
Start Time:	End Time:	Location: ☐ Swanston C.C. ☐ Gibbons C.C. ☐ Outdoor	
Are there any dates that your class will not be held? If yes, when?			
Would you like your class information to be placed in the District Recreation Guide? ☐ Yes ☐ No			

EQUIPMENT & FACILITY NEEDS

Equipment Required from the District for Your Program:	Audio / Visual Equipment Needed:	Type of facility needed:
Rectangular Tables, #_____	☐ TV or DVD Player	☐ Classroom (tables & chairs)
Round Tables, #_____	☐ Projector/Screen	☐ Gymnasium
Chairs, # _____	☐ Sound System	☐ Outdoor Location
	☐ Computer/Laptop Hook-up	☐ Dance / Aerobics Room
		☐ Indoor Open Floor Space
		☐ Instructor Will Utilize His or Her Own Facility

Signature

Signature of Applicant	Date