Cameron Park Community Services District, Recreation Department
2502 Country Club Drive, Cameron Park, CA 95682
530-677-2231 – cameronpark.org

RECREATION CLASS PROPOSAL APPLICATION

SEASON PERIOD: ☐ **Summer** (June-August), ☐ **Fall/Winter** (Sept-Feb), ☐ **Spring** (March-May)
** Information must be submitted at **least three months** prior to the first month; e.g.: – classes for summer must be submitted by March, Fall by June, Spring by December.

Please complete one set of forms for **each** class proposal and return to the Recreation Office in person or at recreation@cameronpark.org

CONTRACTOR NAME:_____

BUSINESS NAME (if applicable): _____

ADDRESS: _____ **CITY**: _____ **ZIP**: _____

PHONE (DAY) _____ **E-MAIL**:_____

PROPOSED PROGRAM NAME/TITLE: _____

Experience/background in proposed class/activity:

_____

_____

_____

Experience working with public and particular age groups targeted for this class/activity:

_____

_____

_____

Education, certificates, and training related to proposed class/activity:

_____

_____

_____

REFERENCES (Personal or Professional)

Name_____ Years known _____

Address: _____

Position: _____ Phone: ( ) _____

Name_____ Years known _____

Address: _____

Position: _____ Phone: ( ) _____

Name_____ Years known _____

Address: _____

Position: _____ Phone: ( ) _____

Name_____ Years known _____

Address: _____

Position: _____ Phone: ( ) _____

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RECREATION CLASS PROPOSAL APPLICATION

CLASS CATEGORY: ☐ Youth ☐ Teen ☐ Adult ☐ Seniors 55+ Age range if under 18 years_____

PROPOSED PROGRAM NAME/TITLE: _____

Class/Activity outline is **attached**: Yes _____ No _____

"**DESCRIPTION OF PROGRAM**" (as you would like to see it in advertising):_____

_____

_____

_____

_____

Desired class/activity length:
# of hours/class:_____ # Days per week:_____ # of weeks per session:_____

MAY STUDENTS ENROLL AFTER THE FIRST CLASS? ☐ Yes ☐ No

ENROLLMENT MINIMUM:_____ **ENROLLMENT MAXIMUM**: _____

PROVIDE A LIST OF PREFERRED CLASS TIMES AND DAYS:

	1ST CHOICE	2ND CHOICE	3RD CHOICE
TIMES:	_____ to _____	_____to _____	_____to _____
WEEKDAY/S:	_____	_____	_____
DATE/S:	_____ to _____	_____to _____	_____to _____

RECOMMENDED CLASS/ACTIVITY FEE: $_____

RECOMMENDED MATERIAL FEE:

_____ Included in class fee; instructor will provide all necessary materials in class

_____ Not included in class fee; student to acquire materials/supplies and bring to class – please attach list

_____Not included in class fee; student to purchase from the instructor, approx. cost_____

_____ Other _____

_____

FACILITY SPACE NEEDED: _____

EQUIPMENT REQUEST (Chairs, tables, etc):

_____

_____