



PROGRAM PROPOSAL FOR INDEPENDENT CONTRACT INSTRUCTORS

Submission Date: _____

Instructor's Name: _____

Business/Organization: _____

Address: _____

Website Address: _____

Day Phone: _____

Email: _____

To assist us in properly evaluating your proposal, please attach a copy of your resume or other pertinent training, certifications, etc. showing qualifications to teach course.

Certifications: _____

Qualifications: _____

Demonstration of previous classes: _____

References:

Name: _____

Phone: _____

Address: _____

Name: _____

Phone: _____

Address: _____

Name: _____

Phone: _____

Address: _____

New Independent Contract Instructors are encouraged to utilize the Town of Discovery Bay Community Center website (<https://todb.recdesk.com/Community/Home>) in completing the next section.

Program Information

Program Title: _____

Detailed Program Description that will appear in the Town's Website: _____

Facility Requested: _____

Participant's Ages: _____

Number of Students per Class: Minimum # _____

Maximum # _____

Number of Sessions: _____

Program Session Dates: _____

First Class Date of First Session: _____

Last Class Date of First Session: _____

Program Held (i.e. 1 time per week, 5 times per week): _____ Times Per Week

Which Days: ___ Monday ___ Tuesday ___ Wednesday ___ Thursday

___ Friday ___ Saturday ___ Sunday

\$ _____ Program Fee Requested (Note: Current Instructor/Town fee split is 75/25)

\$ _____ Participant Additional Fee (not included in program fee, i.e. supplies fee)

Participant Additional Fee Description: _____

