

**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: