



Date of Application

# Program Proposal

Please complete as much of the following information as you can.

## CONTACT INFORMATION:

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Address City Postal Code

\_\_\_\_\_  
Primary Phone Number Secondary Phone Number

\_\_\_\_\_  
Email Address Website Address

### If you are a business, please complete:

\_\_\_\_\_  
Business Name Business Phone Number

\_\_\_\_\_  
Business License Number GST Number WCB Number

## PROGRAM INFORMATION:

Course Title	Number of Classes	Length of Class (Hours)
Course Description	Preferred Days	
	Preferred Times	
	Target Age Group	

SEE OVER

<b>Participant Numbers</b>		<b>Fees</b>	
What number of participants are you comfortable teaching? (Min/max based on one instructor)			
<b>Min</b>	<b>Max</b>	<b>Recommended fee per class</b>	<b>Recommended wage</b>

<b>Room Requirements</b>	<b>Supply Requirements</b>

<b>Equipment Requirements</b>
What type of equipment do you require to run this program? (e.g. tables, chairs, sink, white/chalk board, mats, screen, multimedia projector)

<b>Experience</b>
Please explain your teaching experience or attach your resume as well as any copies of pertinent certifications.

**Please return completed forms to:**

Attention: Jennifer Carmichael  
Adult Recreation/Elder College  
[jennifer.carmichael@cvrd.bc.ca](mailto:jennifer.carmichael@cvrd.bc.ca)

Attention: Denise Williams  
Preschool/Children/Youth Recreation  
[denise.williams@cvrd.bc.ca](mailto:denise.williams@cvrd.bc.ca)

Attention: Danielle Seeliger  
Arena/Sports  
[danielle.seeliger@cvrd.bc.ca](mailto:danielle.seeliger@cvrd.bc.ca)