



Date of Application

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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

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

Room Requirements	Supply Requirements

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

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

Please return completed forms to:

Attention: Jennifer Tucker
Recreation Programmer

Attention: Shannon Wilson
Recreation Programmer

Attention: Danielle Seeliger
Recreation Programmer

Email: jennifer.tucker@cverd.bc.ca Email: shannon.wilson@cverd.bc.ca Email: danielle.seeliger@cverd.bc.ca