



Instructor's Course Proposal

Complete the entire form:

Instructor's Name: _____

Business /Organization: _____

Address: _____

Street

City

State/Zip

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail Address: _____ Web Site Address: _____

Social Security/Tax I.D. Number: _____

To who should checks be made payable? Instructor Business

Course Title: _____

Detailed Course Description: For additional space, continue on a separate piece of paper.

Course Objectives: _____

Learning Outcomes: (What will the participant learn/what are the benefits of taking this class)

Participant's Age (Range) : _____ Days: Mon. Tues Wed. Thurs. Fri. Sat.

Time(s) From : _____ AM or PM To: _____ AM or PM

Session Dates: _____ to _____ Number of Classes: _____

Alternate Dates: _____ to _____ Number of Classes: _____

Course Fee: _____ Additional Lab fee (if applicable): _____

Class Size (# of Students): _____ Minimum _____ Maximum

Requested Facility:

- | | |
|---|---|
| <input type="checkbox"/> Greenwood Community Center | <input type="checkbox"/> Georgetown Park |
| <input type="checkbox"/> Bayley Barn | <input type="checkbox"/> Garden Valley Park |
| <input type="checkbox"/> Northside School | <input type="checkbox"/> Georgetown School |
| <input type="checkbox"/> Golden Sierra High School | <input type="checkbox"/> Greenwood School House |
| <input type="checkbox"/> GDRD Board Room | |

Supplies students need to bring or wear to class: _____

Any experience or prerequisites required of students before taking the class? _____

Payment Percentage: Instructor: 65% GDRD: 35%

Submit a copy of literature, handbooks or forms you will pass out in class as part of this proposal.

Previous Instructor Experience (List the three most recent experiences)

Dates	Contact Person	Phone	Agency	Reason for Leaving

Attach a copy of your resume if it pertains to your class or program.

Please compile a list of names, addresses (phone optional) of no less than half the minimum number of participants needed to operate your program. This will help confirm there is a need for this activity on the Divide.

Name: _____ Name: _____

Address: _____ Address: _____

Name: _____ Name: _____

Address: _____ Address: _____

Name: _____ Name: _____

Address: _____ Address: _____

Name: _____ Name: _____

Address: _____ Address: _____

Check which goals your program meets.

- Provides well-rounded cultural arts programs that educate participants in a variety of art forms (music, drama, dance, visual arts, and literature)
- Provides opportunities for parents to leave their children in a supervised, safe, fun program.
- Identify under served segments of the community'
- Provide opportunities for family members to participate together to increase shared experiences in recreation through cultural, recreational, physical and social programs.
- Provide classes and events that increase overall personal fitness, health, strength, endurance, coordination, flexibility and vitality for all age groups.

Instructor acknowledgment

I acknowledge that I have read, accept and understand the information and conditions that involve me or my company contracting as an Independent Contractor with the Georgetown Divide Recreation District.

Individual's Signature

Date

Please return this form to the GDRD