

**City of Kirkland – Parks & Community Services  
RECREATION PROGRAM PROPOSAL**

PROGRAM TITLE: \_\_\_\_\_

BRIEF PROGRAM DESCRIPTION: (Recommended brochure copy)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FACILITY AND SET-UP NEEDS: \_\_\_\_\_

INSTRUCTOR/CONTRACTOR NAME: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Email Address: \_\_\_\_\_

STAFF QUALIFICATIONS: List all staff members (including yourself) with program leadership responsibilities. Staff should be listed from most experienced to junior staff. Detail qualifications for this program plus CPR and First Aid Certification dates for each person.

Name: \_\_\_\_\_ CPR Date: \_\_\_\_\_ First Aid Date: \_\_\_\_\_

Experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ CPR Date: \_\_\_\_\_ First Aid Date: \_\_\_\_\_

Experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What is the minimum and maximum number of students for your program?

Minimum: \_\_\_\_\_ Maximum: \_\_\_\_\_

**GENERAL CLASS DETAILS**

Have you taught this class before? \_\_\_\_\_

If yes, where? \_\_\_\_\_

As the instructor what amount of payment do you wish to receive? \_\_\_\_\_

What type of format do you suggest for this class? (One time workshop for 3 hours)

How many times would the class meet? \_\_\_\_\_

Length of each meeting? \_\_\_\_\_

What would you suggest for a class fee? \_\_\_\_\_

GOALS/LESSON PLAN

Please list your goals for participation in this program: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How will these goals be evaluated? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EQUIPMENT/SUPPLIES

List all equipment and supplies required to conduct the program and who will provide them.

Please note:

Participation Provided Equipment/Supplies: \_\_\_\_\_

\_\_\_\_\_

Instructor/Contractor Provided Equipment/Supplies: \_\_\_\_\_

\_\_\_\_\_

Parks Department Provided Equipment/Supplies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

Instructor/Contractor

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

Coordinator/Supervisor

(Please feel free to attach additional sheets if needed)