



CARLISLE PARKS AND RECREATION DEPARTMENT

STUART COMMUNITY CENTER
415 FRANKLIN STREET
CARLISLE, PA 17013

PROGRAM PROPOSAL FORM

Please fill out one proposal form for each topic submitted.

Personal Information

Program Instructor(s): _____

Company/Business Name (if applicable): _____

Mailing Address: _____

City, State, Zip: _____

Home Phone: _____ Cell: _____

Work Phone: _____ E-mail: _____

Tax I. D. #: _____ OR Social Security #: _____ - _____ - _____

Program Description

Suitable for ages: *(check all that apply)*

Program Type:	Ages 2-5	Elementary	Middle School	High School	Adult	55+
<i>Arts and Crafts</i>						
<i>Education</i>						
<i>Health and Fitness</i>						
<i>Seminar</i>						
<i>Other</i>						

Program title: _____

General course description: _____

Goals of the program: _____

Day(s) of the week: _____

Time (i.e. 7:00-9:00 p.m.): _____

Dates of the program: _____

Length of the program (# of classes/weeks): _____

Type of room/space needed: _____

Materials needed by the participants (if any): _____

Instructor supplies: _____



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PROGRAM PROPOSAL FORM (cont'd)

Minimum/Maximum # of participants to run the program: _____ / _____

Preferred instructor fee: \$_____ *Must be negotiated with the Recreation Manager and/or Recreation Assistant.*

Please Note:

- *if you are instructing a program dealing with children (17 years or younger), you must submit a copy of your Criminal Background Check and Child Abuse History Clearance forms to Carlisle Parks and Recreation prior to the start of the class/program.*
- *Please provide an outline or lesson plan for the course on a separate piece of paper.*

Instructor Qualifications (you may attach a resume)

Have you taught this program before? _____ If so, where? _____

Experience/Knowledge of Topic: _____

References: *Please include at least three references (two professional and one personal)*

Name	Relationship	Year(s) Known	Contact Number
1.			
2.			
3.			

Additional comments/remarks:

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this form shall be grounds for dismissal.

 Signature

 Date

To submit form email, fax, mail or drop off.