

Town of Wheatland Recreation Program Proposal

Thank you for your interest in offering a new recreational opportunity to our community!

Please complete this Program Proposal Form and submit it to the Recreation Coordinator for evaluation and review. This form does <u>not</u> constitute a contract. All Program Proposals are reviewed by the Recreation Coordinator and if your proposal is accepted you will be contacted by the Recreation Coordinator to discuss your program in further detail.

Instructor's Name:	
Address:	
F-11	Cell:
E-mail Address:	
I NOGNAMI INFONMATION	
Name of Program:	Minimum Class Size: Maximum Class Size

What type of supplies will you provide for your program:
What supplies will the Town need to supply for your program:
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And the meaning of the mention and a record to being to the management
Are there any supplies the participants would need to bring to the program:
How much space do you require for your program and are there any specific requirements:
PROGRAM DATES AND TIMES:
Preferred Day of the Week:
□ Monday
□ Tuesday
□ Wednesday
□ Thursday
□ Friday
How long will your program run (ie: number of weeks or if one time please write one time)
What time of day would you like to offer this are seen 2
What time of day would you like to offer this program?
How many hours?

CREDENTIALS/I	REFERENCE
Please tell us what	qualifies you to teach this program: (Please include education, experience,
certificates, etc.)	
_	east one reference that is not a family member who can speak to your character and include name, phone number and email address.
_	
topic knowledge. I	

Thank you for taking the time to complete this proposal. Please return the completed application by mail or e-mail to:

Town of Wheatland
Recreation Department
22 Main Street P.O. Box 15
Scottsville, NY 14546
recreation@townofwheatland.org