

Charles County Recreation, Parks, and Tourism

Course Proposal for Class Instructors

(Please complete entire form)

Contractor's Name:

Date:

Business/Organization:

Address:

City:

State:

Zip:

Day Time Phone:

Evening Phone:

To whom should checks be made payable?

Contractor

Non-Contractor

Email Address:

Website:

Course Title:

Detailed Course Description:

Please provide a two-sentence course description to appear in the Charles County Recreation Program Guide.

Participant's Age:

Proposed Date(s):

Proposed Location(s):

M

Tu

W

Th

F

Sa

Su

Time(s):

AM

PM

to

AM

PM

Number of Sessions:

Course Fees:

Maximum Number of Participants per Class

Minimum Number of Participants per Class

Lab Fee or Supplies Fee:

Yes

No

If yes, how much?

(This fee is not included in the class fee and is paid directly to the contractor.)

Equipment Requirements (i.e. tables, chairs, computers, stage, sound system, etc. Please include totals where needed.)

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

Please compile below a list of names, addresses, and telephone numbers of at least three past customer references.

1. Name: _____ Phone Number: _____

 Address: _____ City: _____ State: _____ Zip: _____

2. Name: _____ Phone Number: _____

 Address: _____ City: _____ State: _____ Zip: _____

3. Name: _____ Phone Number: _____

 Address: _____ City: _____ State: _____ Zip: _____

Signature:

Date:

For Office Use
Date Received:

Initials:

Assign to Date:

Comments: