

City of Eagle Parks, Pathways, & Recreation

Recreation Program Proposal Form

Submission Date:	
Review Date:	

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

Please complete this Program Proposal Form and submit it to Recreation staff for evaluation and review at parks@cityofeagle.org. This form does not constitute a contract or qualify for application for employment.

Instructor Name:		
Email:		
Address:		Phone:
Bio:		
Certification (if applicable):		
Name of Program/Event:		
Instructor in Charge (if different than above):		
Is there a co-presenter? If yes, please list:		
Description of Program/Event:		
Cools of Duogram / French		
Goals of Program/Event:		
1		
2		
3		
Dates/Timing		
Frequency of Program/Event:		
Proposed Start Date:End Date:	Start Time:	End Time:
·	esday Thursday	
Location		
Location:		



If not a City facility, to who	m does the facility belong?
Facility contact information	n (name, phone #, email):
List any special site or set-u	up requirements that would need to be addressed prior to the Program/Event:
Participant Information	
Is this program intended for	a specific age group?If yes, minimum age?maximum age?
Minimum # of participants r	equired?Maximum number of participants accepted?
Fee	
Proposed Fee \$	perIf other, please describe:
•	onts yould be useful to the participants. Take into consideration factors such as weather , specific supplies, or equipment needed, and certifications.
Supplies and Equipment	
, , , , , , , , , , , , , , , , , , , ,	oplies, uniforms, balls, arts and crafts, food/snacks, tables, chairs, water, etc.)
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