

**Town of Enfield
Recreation Division**

124 North Maple Street
Enfield, CT 06082
Phone: (860)253-6420
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Program Proposal for Instructors

Thank you for your interest in conducting a program for the Enfield Recreation Department. We are always interested in your skills and ideas. If you would like to teach a program, or have a great idea for a new program, please fill out the following program proposal. We welcome any ideas that reflect the needs and desires of the residents of the Town of Enfield. *Note: submission of a proposal does not guarantee that the Recreation Dept. will offer the proposed program.*

**INSTRUCTOR
INFORMATION**

Instructor's Name: _____ Date: _____
Business/Organization: _____
Address: _____ State _____ Zip _____
Home Phone: _____ Cell Phone: _____
Email Address: _____
Web Site Address: *(if applicable)* _____

If you are proposing to run the class as a representative of your business and if your program is Selected, you must provide the Town of Enfield with your Tax Identification Number and a copy of your Certificate of Insurance, adding the Town of Enfield as an additional insured. A minimum amount of one million dollars in comprehensive liability insurance coverage is required.

**PROGRAM
INFORMATION**

Program Title: _____

Detailed Program Description: *(equipment needed, etc)*

Program Objectives: *(What will the participant learn/what are the benefits of taking this class)*

PROGRAM DETAILS

Our programs generally run Monday through Friday, between 5:00 and 9:00 PM. Specific start and end times within that time period are negotiable, however continuity of service times is important. In addition, we offer some programs during the day and on weekends. Programs can run once or twice a week. The duration of the Fall, Winter, Spring and Summer program cycles is approximately 8—10 weeks.

Brochure Description: *please give a 3-4 sentence description of your program that will appear in the Department's Electronic Program Brochure...Be Creative!*

Participant Ages: (circle) Adults (18 & over) Youth (include age range) _____

Minimum # of students needed to run program _____ Maximum # of students allowed: _____

Day(s) you are proposing to hold the class: _____

Times: _____ AM/PM to _____ AM/PM

Type of space/facility needed: _____

Proposed instructor fee you would expect to charge per hour or per individual (*please specify below*).

\$ _____ per _____.

Materials needed for the class: (*please note whether Recreation Dept. is to provide or participant is to provide their own, i.e. yoga mats, water bottles*) _____

Is there any additional costs to the participants? ___ No ___ Yes

If yes, amount \$ _____ What will this cost be for? _____

EXPERIENCE

Please list your experience with this activity both teaching and participating:

*** Please include copies of any certifications, references or other information you would like us to know about you or your program/business.*

Once this form is submitted, it will be reviewed by the Assistant Recreation Supervisor and every effort will be made to get back to you in a timely manner regarding the status of your proposal. Should you have any questions, please call the Recreation Office at (860) 253-6420.