



**Town of East Hartford
Parks & Recreation Department**

50 Chapman Place
East Hartford, CT 06108
Phone: (860)291-7160
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Program Proposal for Instructors

Thank you for your interest in conducting a program for the East Hartford Parks & 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 East Hartford.

INSTRUCTOR
INFORMATION

Instructor's Name: _____ Date: _____

Business/Organization: _____

Address: _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Web Site Address: *(if applicable)* _____

To whom should checks be made payable? _____ Instructor _____ *Business

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

PROGRAM
INFORMATION

Course Title: _____

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

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

PROGRAM DETAILS

Our programs generally run Mondays through Fridays, 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 Program Brochure...*Be Creative!*)

Participant Ages: (circle) Seniors Adults Youth (include age range) _____

Minimum # of students _____ Maximum # of students: _____

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: (if individual) \$ _____

Proposed fee you would expect to charge per participant: (if business) \$ _____

Materials needed for the class: (please note whether Parks & Recreation 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**

Once this form is submitted, it will be reviewed by the 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 Parks & Recreation office at (860) 291-7160.