

City of Bonney Lake Recreation Department NEW CLASS PROPOSAL FORM

Instructor:		 	
Organization/Business Name:			
Address:	City:	Zip:	
Preferred Phone Number:	Email:		
Information listed below represent of Bonney Lake Recreation Depar		for consideration by the City	
Class/Program Title:			
PROGRAM DESCRIPTION			
			
			
GENERAL INFORMATION First Choice Weekday(s) this class is offered:]Su] F	
Proposed Start Date:	Proposed End Date:		
Beginning Time:	Ending Time:		
Second Choice Weekday(s) this class is offered:	□Su □M □T □W □Th □]F □Sa	
Proposed Start Date:	Proposed End D)ate:	
Beginning Time:	Ending Time:		
Please check the seasons this promotion of the seasons the			
From: To:	years		
Min. # of Students:	Max. # of Students:	 	
Proposed Fee Charged for the Cla	ass \$		

Facility Requirements:			
Equipment or supplies provided by	by the Instructor :		
Equipment or supplies provided b	by the Recreation De	epartment:	
INSTRUCTOR PAYMENT INFOINATION How instructor would like to be part of 70% to instructor Time/No Payment R	aid for services rendetructor / 30% to City	\	. ,
Do you have current CPR & First Please list dates of certification.	Aid Certification? □]Yes □ No	
CPR: First Aid	d:	_	
Do you currently possess Commo	ercial Liability Insurai	nce? 🗆 Yes	□No
Have you taught this class before	e? ☐ Yes ☐ No		
If yes, when?			
Where?			
Please explain the experience yo that enables you the ability to tea	•		s training experience
Please list at least 2 professional Name	references: Organization		Phone Number
Instructor Signature:			
n	Dutc		

Please Return To:

City of Bonney Lake Recreation 9002 Main St. E., Ste 200 Bonney Lake, WA 98391