

Caroline County Recreation and Parks Program Proposal Form

Program Title: _____

Instructor: _____

Phone: Cell: _____ Day: _____ Evening: _____

Address: _____

Email: _____ Fax: _____

Program Description: (40-120 Words)

Season Offered: Summer Fall Winter Spring

Day(s) of week: Sunday Monday Tuesday Wednesday Thursday Friday Sat.

Date(s) (from): _____ (to): _____ Number of Weeks: _____

Time (from/to): _____

Location (choice): 1st: _____ 2nd: _____ 3rd: _____

Space/Area Required: _____

Program for: Pre-School Youth Adult Senior

Ages or Grades: _____

Program Size: Minimum: _____ Maximum: _____

Instructor Cost/Fee: Per Hour: _____ Contract: _____ Volunteer: _____

Are you insured: Yes No

Materials Required: By Participant (Cost if Applicable) _____

By CCRP: _____

Instructor Biography: (Please include any Certifications, Professional or Other)

