



## Recreation Services

### New Program Proposal

To Potential Instructor:

Thank you for your interest in the Pasco Recreation Division. It is our goal to offer a diversity of fun and educational programs to our community. We are constantly looking for new programs and activities, so we look forward to hearing more from you.

Enclosed you will find a "New Class Proposal" form. Please fill it out completely and return to the Recreation Division. It will enable us to evaluate your program and determine if it might fit into our offerings.

Because we produce a marketing brochure we work about 6 months in advance to evaluate and plan classes. If you would like to get your program in a particular quarter please follow these deadlines.

<b>Season</b>	<b>Offered During These Months</b>	<b>Proposals Due</b>
Spring/Summer	May, June, July & August	February 1 <sup>st</sup>
Fall	September, October, November & December	June 1 <sup>st</sup>
Winter	January, February, March & April	October 1 <sup>st</sup>

**Please submit proposal to:**

Recreation Services  
P.O. Box 293  
Pasco, WA 99301

**City of Pasco  
P.O. Box 293  
Pasco, WA 99301**

**Recreation Division  
(509) 545-3456  
(509) 545-3455 fax  
[Recreation@pasco-wa.gov](mailto:Recreation@pasco-wa.gov)**

## **New Class Proposal**

### **Contact Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/P.O. Box City State Zip

Phone Numbers ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Home  
( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Cell

E-Mail Address: \_\_\_\_\_

### **Program Information**

Class Title \_\_\_\_\_

Goals/Objectives of the class: \_\_\_\_\_  
\_\_\_\_\_

Class Description (used to develop write up for City brochure): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Age Group \_\_\_\_\_ # of weeks \_\_\_\_\_ Times \_\_\_\_\_ am/pm

Day(s) of the week \_\_\_\_\_ Hours per session \_\_\_\_\_

Participant Min. # \_\_\_\_\_ Max. # \_\_\_\_\_ The City will set class fees. Do you have a recommendation of what the fee should be? \_\_\_\_\_

How much prep time is needed at each class meeting for setup? \_\_\_\_\_

Clean up? \_\_\_\_\_

What skill levels does this program cover (beg. – adv.)? \_\_\_\_\_

Does this program require pre-requisites? \_\_\_\_\_

If so, explain: \_\_\_\_\_  
\_\_\_\_\_

## **Participant Information**

Will outside materials need to be purchased by the participant? \_\_\_\_\_

If so, list what cost and where items may be purchased: \_\_\_\_\_

\_\_\_\_\_

Are there any materials that you will provide? \_\_\_\_\_

If so please list: \_\_\_\_\_

Will there be a separate fee? \_\_\_\_\_ If so, how much? \_\_\_\_\_

Will materials be needed for the 1<sup>st</sup> class meeting? \_\_\_\_\_

Are there any special clothing requirements for the class? \_\_\_\_\_

Please describe: \_\_\_\_\_

\_\_\_\_\_

Does the participant need a partner for the program (including dance, parent/tot classes)?

\_\_\_\_\_

\_\_\_\_\_

Describe to what extent parent participation will be allowed or is needed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there any special information participants should receive about the program when registering? (For example: what to bring to class.) \_\_\_\_\_

\_\_\_\_\_

## **Instructor Information**

The majority of our instructors are hired as independent contractors, requiring a signed contract to be completed before work can begin. Instructors are paid a straight 60% of reasonable class fees.

Do you have a current business license? \_\_\_\_\_ If not, can you obtain? \_\_\_\_\_

Do you have liability insurance? \_\_\_\_\_ If not, can you obtain? \_\_\_\_\_

## **Division Support**

Facilities needed (This refers to type & size of room, special floor, access to sink/water etc.)

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What equipment (if any) will you furnish? \_\_\_\_\_

Do you plan to transport any supplies and equipment to and from the facility each day or will you need storage space? \_\_\_\_\_

What type of publicity, outside of the Recreation Brochure, would you like to use? (Please note that all promotion must be approved and coordinated with the Recreation Division) \_\_\_\_\_

Do you currently have a list of potential participants that are interested in this program? \_\_\_\_\_

Are there any additional comments or information about your program you would like to add? \_\_\_\_\_

### **Attachments**

Please attach the following items to this proposal:

- **Current resume** – including any past experience, paid or unpaid, that qualifies you to teach this program. Please include personal and professional references.
- **Program Outline** – What will the program cover and how will it obtain its goals.
- **Program Sight Diagram** – please sketch a basic layout your program will require including table/chair placement or any other amenities.
- **Promotional Items** – any program related materials you have including flyers, brochures, press releases, etc.

**Return** completed application, along with attachments to:

Pasco Recreation Division  
P.O. Box 293  
Pasco, WA 99301

**OR**

**Fax** to (509) 545-3455