



Date of Application

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## Program Proposal

Please complete as much of the following information as you can.

### CONTACT INFORMATION:

Last Name

First Name

Address

City

Postal Code

Primary Phone Number

Secondary Phone Number

Email Address

Website Address

**If you are a business, please complete:**

Business Name

Business Phone Number

Business License Number

GST Number

WCB Number

### PROGRAM INFORMATION:

Course Title	Number of Classes	Length of Class (Hours)
Course Description	Preferred Days	
	Preferred Times	
	Target Age Group	

SEE OVER

<b>Participant Numbers</b>		<b>Fees</b>	
What number of participants are you comfortable teaching? (Min/max based on one instructor)			
<b>Min</b>	<b>Max</b>	<b>Recommended fee per class</b>	<b>Recommended wage</b>

<b>Room Requirements</b>	<b>Supply Requirements</b>

<b>Equipment Requirements</b>
What type of equipment do you require to run this program? (e.g. tables, chairs, sink, white/chalk board, mats, screen, multimedia projector)

<b>Experience</b>
Please explain your teaching experience or attach your resume as well as any copies of pertinent certifications.

**Please return completed forms to:**

Shawnigan Lake Community Centre  
 Aly Davey  
[aly.davey@cvrd.bc.ca](mailto:aly.davey@cvrd.bc.ca)

Kerry Park Recreation Centre  
 Britney Slade [britney.slade@cvrd.bc.ca](mailto:britney.slade@cvrd.bc.ca) or  
 Shannon McKinlay [shannon.mckinlay@cvrd.bc.ca](mailto:shannon.mckinlay@cvrd.bc.ca)