



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

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

Room Requirements	Supply Requirements

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

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

Please return completed forms to:

Cowichan Lake Sports Arena
 Danny Lambert danny.lambert@cvrd.bc.ca