



PARKS & RECREATION

601 7th Street
Prosser, WA 99350
(509)786-2332 Fax: (509)786-3717

CLASS/PROGRAM PROPOSAL FORM

NAME: _____

ADDRESS: _____

HOME PHONE NO.: _____ CELL PHONE NO.: _____

EMAIL ADDRESS: _____

UBI #: _____ DO YOU HAVE A CITY OF PROSSER BUSINESS LICENSE: YES NO

CLASS/PROGRAM INFORMATION

The following information is required. Please fill out the information below to the best of your ability.

Which season are you proposing this class for? SUMMER FALL WINTER SPRING

Class Title: _____

Class Description: _____

Age group: _____ # of weeks: _____ Hours per day: _____

	Sun	Mon	Tues	Wed	Thur	Fri	Sat
AM							
PM							

Participant Min#: _____ Max. #: _____ Storage Supply?: YES NO

Do you require the use of a City Facility? YES NO

(See list below of City facility available to reserve, please note that reservations are not guaranteed and are subjected to availability).

Community Center Prosser Aquatic Center School Dist. (gym) City Park

EJ Miller Park Crawford Park Market Park

How much prep time is needed per each class - setup? _____ Clean up? _____

What skills level does this class/program cover (beg. – adv.)? _____

Do you have liability insurance? _____ if not, can you obtain? _____

Are there any materials you will provide? YES NO, if so please list:

Clothing requirements for the class: _____

Does the participant need a partner for the class? (*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 class/program when registering? (*for example, what to bring to class*). _____

Requested Compensation: \$ _____ Per Class Per Session

Signature Print Name Date

FOR OFFICE USE ONLY

Appendix A	Item	Expected Cost	Note
A.	Contractor Costs (includes: insurance, supplies, business license, etc)		
B.	Number of Participants Per Class/Session (maximum possible)		
C.	Per Participant Cost (divide contractor cost by # of participants)		
D.	Administration (includes advertising and staff support)		
E.	Other Items:		
F.	TOTAL COST		

Prepared By _____ Date _____

Community Dev. Director Approval _____ Date _____

Finance Director Approval _____ Date _____

NOTE: This form is subject to public disclosure. This institution is an equal opportunity provider and employer.