

Program Proposal Form

Thank you submitting a program proposal form. We will contact you once we have reviewed your application and are interested in programming your session.

Preferred Season (Choose the most appropriate option):

- Winter, Jan-Mar (Proposals for classes/workshops due mid-October)
- Spring, Apr - Jun (Proposals for classes/workshops due mid-January)
- Summer, Jul - Aug (Proposals for classes/workshops due mid-January)
- Fall, Sep - Dec (Proposals for classes/workshops due mid-June)
- Any Season

Program Name:

Age Group(s): (Please check all that apply)

- Infant/Preschool (0-6 yrs)
- Children (6-12yrs)
- Youth (13-18yrs)
- Adults (19+yrs)
- Older Adults (55+yrs)

Sex:

- Male
- Female
- Both

Which of the following best describes the program you are proposing?

- | | |
|--|---|
| <input type="checkbox"/> Communication | <input type="checkbox"/> Social |
| <input type="checkbox"/> Bus Trip | <input type="checkbox"/> Arts & Crafts |
| <input type="checkbox"/> Culinary | <input type="checkbox"/> Financial Workshop |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Music |
| <input type="checkbox"/> Health Workshop | <input type="checkbox"/> Outdoors |
| <input type="checkbox"/> Day camps | <input type="checkbox"/> Special Event |
| <input type="checkbox"/> Fitness/Aerobics | <input type="checkbox"/> Health & Wellness |
| <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Pottery |
| <input type="checkbox"/> Drama & Performing Arts | <input type="checkbox"/> Special Interest |

Group Size: (minimum - maximum)

Suggested days of the week: (Please check all that apply):

- | | | |
|----------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Sunday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Monday | <input type="checkbox"/> Thursday | |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Friday | |

Time Suggested: (Please check all that apply):

- Morning
- Afternoon
- Evening

Suggested Program Duration:

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Program Description: (Should be about 50-75 words which can be used in our seasonal brochure)

Suggested Rate of Pay: (\$/hours):

Suggested Program Cost:

Facility/Room Requirements: (size, flooring, mirrors, etc.)

Equipment Requirement: (slide projector, mats, tables, etc.)

Full Name:

Date of Application:

Address:

City:

Postal Code:

Phone: Work :()

Home: ()

Other: ()

E-mail:

Website:

Experience:

Qualifications:

Will you be sending us your resume?

Via email

Fax

Mail

In-person

Please fax or email this completed form to: 604.718.6215 or kensingtoncc@vancouver.ca with **SUBJECT: PROGRAM PROPOSAL FORM**