



# Mount Pleasant Community Centre Program Proposal Form

### Program Periods

- |  |           |                                      |
|--|-----------|--------------------------------------|
| <input type="checkbox"/> Winter        | Jan - Apr | Proposals due beginning of September |
| <input type="checkbox"/> Spring/Summer | May - Aug | Proposals due beginning of January   |
| <input type="checkbox"/> Fall          | Sep - Dec | Proposals due beginning of June      |

### Program Information

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

Age Group: \_\_\_\_\_ Gender:  Male  Female  Co-Ed Group Size: Min: \_\_\_\_\_ Max: \_\_\_\_\_

Suggested Rate of Pay: Revenue Split \_\_\_\_\_% or Hourly Wage \$\_\_\_\_\_/hr Supply Costs: \$\_\_\_\_\_/person

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Course Name & Level	A.	B.	C.	D.
Day(s)				
Start Date				
End Date				
Start Time				
End Time				
Cancel Classes <i>(missed classes due to stats or absences)</i>				
Facility/Room Requirement <i>(size, flooring, mirrors, etc.)</i>				
Equipment Requirement: <i>(projector, mats, tables, chairs, etc.)</i>				
# of Sessions				
Registration Fee <i>(including HST)</i>				
Drop-In Fee <i>(including HST)</i>				

### Instructor Information

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

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (cell): \_\_\_\_\_ Phone (home): \_\_\_\_\_

Email address: \_\_\_\_\_

Qualifications/Experiences: PLEASE ATTACH RESUME

References (Work, Personal, Education):

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_