City of Mercer Island Parks & Recreation Department
CLASS PROPOSAL

Instructor:____________________________________________________________________

Address:________________________City:___________________Zip:___________________

Phone #'s:  Day:_________________________Evening:_______________________________

Email Address:______________________________________________________________

Information listed below represents a proposal I am submitting for consideration by the
City of Mercer Island Parks and Recreation Department.

Class/Program Title:____________________________________________________________

Brief Program Description: (Recommended brochure copy)
(Enclose a photo if available)

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

General Class Information
First Choice
Day(s) of week would like to offer class:  SU  M  TU  W  TH  F  SA
Proposed Start Date:____________________ Proposed End Date:_____________________
Time: From____________________ AM/PM To ______________________________ AM/PM

Second Choice
Day(s) of week would like to offer class:  SU  M  TU  W  TH  F  SA
Proposed Start Date:____________________ Proposed End Date:_____________________
Time: From____________________ AM/PM To ______________________________ AM/PM

Please circle the seasons the program could be offered:

WINTER  SPRING  SUMMER  FALL
(Jan. – Mar.) (Apr. – June) (June – Aug.) (Sept. – Dec.)

Age Group: From____________________ To____________________ Years

Target Gender: (Please Circle One) Male   Female  Co-ed

Minimum Number of Students:____________ Maximum Number of Students:____________

Proposed Fee Charged for the Class: $______________________________
Supplies/Equipment:
Facility/Room Requirements: _____________________________________________________

Any additional supplies students need to purchase above the class cost?   Yes   No
If yes, please indicate the amount: $_____________________________________________

Does Instructor purchase for the student?   Yes   No

Equipment/Supplies Instructor provides: ____________________________________________
Equipment/Supplies Recreation Department provides: _______________________________

Instructor Information:
How instructor would like to be paid for services rendered: (please choose one option)

- Amount per Student: ___________________________________________________________
- Amount per Hour: _____________________________________________________________
- Percentage Split: _____________________________________________________________
- Lump Sum: _________________________________________________________________
- Volunteer Time/No Payment Requested: _________________________________________

Do you have CPR or First Aid Certifications?   If so, please list dates of certification.
CPR: _______________________________________  First Aid: __________________________

Have you taught this class before?   Yes   No
If yes, where? ________________________________________________________________

Please explain the experience you have teaching this class or cross training experience that
enables you the ability to teach the proposed class:___________________________________

Please list references: (Name and Phone Number)
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Complete and return the attached Authorization to check Background and Driving Record.

Please return to:
City of Mercer Island
2040 SE 84th Ave SE
Mercer Island, WA 98040
Fax: 206.275.7868