



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