



# North Highlands Recreation and Park District Recreation Program Proposal

SEASON PERIOD:  Spring (March-May)  Summer (June-August)  Fall (September-November)  Winter (Dec.- February)  
 Information must be submitted at **least three months** prior to the first month; ie – classes for summer must be submitted by March.

Please complete one set of forms for each class proposal and return to the Recreation Department.

CONTRACTOR INFORMATION			
Contact Name		Business Name	
Address	City	Zip Code	
Phone (Main)	Phone (Alternative)		
Email	Website (If applicable)		

ACTIVITY INFORMATION			
Proposed Program Name/Title			
Class Category	<input type="checkbox"/> Toddler <input type="checkbox"/> Youth <input type="checkbox"/> Teen <input type="checkbox"/> Adult <input type="checkbox"/> Senior              Age Range: _____		
How long is the activity?		How long do you need to set up?	
# Of Times Per Week		# Of Weeks for the Season	
Enrollment Minimum		Enrollment Maximum	
Instructor to Participant Ratio			
Suggested Program Cost <small>(District makes final cost determination)</small>		What You Expect to be Paid <small>(Pertains to the fee that you expect to receive for the entire program)</small>	

ACTIVITY PREFERENCES					
1 <sup>ST</sup> CHOICE		2 <sup>ND</sup> CHOICE		3 <sup>RD</sup> CHOICE	
Times	to	Times	to	Times	to
Day(s)		Day(s)		Day(s)	
Date(s)		Date(s)		Date(s)	

FACILITY INFORMATION	
Is North Highlands Recreation & Park District providing the facility/park site for your program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the program is in NHRPD Facility, indicate what you need (Mark all that apply below)	
<input type="checkbox"/> Community Center (61 or more people) <input type="checkbox"/> Recreation Center (60 or less people) <input type="checkbox"/> Gym <input type="checkbox"/> Outdoor/Park Space <input type="checkbox"/> Chairs (Quantity: _____) <input type="checkbox"/> Tables (Quantity: _____) <input type="checkbox"/> Other: _____	
<i>Please note: Instructors are required to do their own set-up and clean-up at the facility.</i>	

For program facilities not provided by North Highlands Recreation and Park District, please list the address and phone number of the facility you are utilizing and any additional information we should know:

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CERTIFICATIONS					
CPR/AED CERTIFICATION		FIRST AID CERTIFICATION		INSURANCE	
Issued By		Issued By		Issued By	
Expiration		Expiration		Expiration	
<i>Please Note: All instructors must have current certifications by the first day of the program. Copies of all certifications must be on file with the Program Supervisor.</i>					

Experience/background in proposed class/activity:

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Experience working with public and particular age groups targeted for this class/activity:

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Description of Program (as you would like to see it in advertising):

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Program Goals/Objectives (list a minimum of 3)

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If you have any additional class information, notes or comments, please provide them below:

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**Proposals are subject to approval by the Recreation Division.** Please submit by email at [recreation@nhprd.org](mailto:recreation@nhprd.org) or submit a physical copy into the front office at 6040 Watt Ave. North Highlands CA 95660.