



BRIDGEWATER RECREATION COMMISSION
P.O. Box 216, Bridgewater, CT 06752 (860) 355-9133
Email: recreation@bridgewater townhall.org

Program Proposal Form

Contact Information

Instructor Name (Last, First):		
Address:	Town:	Zip:
Phone:	Cell:	
E-mail:		

Program Information

Title of Class: _____
Brief Description: _____

Age level of students (check one):

Preschool <input type="checkbox"/>	Grade K-2 <input type="checkbox"/>	Grade 3-5 <input type="checkbox"/>	Middle School <input type="checkbox"/>	High School <input type="checkbox"/>	Adult <input type="checkbox"/>
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What is your cost per student? (include materials, instructor fees, etc.)		\$	per student
How many sessions to complete class?	How many hours per session?		
Minimum number of students:	Maximum number of students:		
Facility Requirements:			

Please describe your experience with this activity (attach resume if you prefer):

Applicant Signature and date

Please complete and return to:

Bridgewater Recreation Commission
Attn: Recreation Coordinator
Bridgewater Town Hall
P.O. Box 216
Bridgewater, CT 06752