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  Grade K-2  Grade 3-5  Middle School  High School  Adult

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