



# Course Proposal Form

Thank you for taking the time to submit your program proposal for review. Please submit one proposal per form. Return completed form to Si View Metro Parks administrative office or email to [info@siviewpark.org](mailto:info@siviewpark.org).

Please note that all proposals are subject to review by program coordinator prior to approval. Proposals are evaluated based on pertinence to current offerings and trends, and availability of building space. Not all proposals are accepted.

<b>Instructor Name</b> _____
<b>Company Name</b> _____
<b>Primary Phone</b> _____ <b>Email</b> _____
<b>Mailing Address</b> _____

<b>Course Title</b> _____
<b>Description</b> _____
_____
_____
_____

Target Group: Pre-School <input type="checkbox"/> Youth <input type="checkbox"/> Teens <input type="checkbox"/> Adults (18+) <input type="checkbox"/> Seniors (55+) <input type="checkbox"/>
How many times per week do you propose to meet? _____ For how many weeks? _____
Length of class _____ hours Minimum/maximum participants per class _____ / _____
Class day and time: Weekday <input type="checkbox"/> Weekend <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/>
Space (check applicable): Gym <input type="checkbox"/> Classroom <input type="checkbox"/> Kitchen <input type="checkbox"/> Field <input type="checkbox"/> Virtual (online) <input type="checkbox"/>
Season: Winter (Jan-Apr) <input type="checkbox"/> Spring/Summer (May-Aug) <input type="checkbox"/> Fall (Sep-Dec) <input type="checkbox"/>
What total fee (per person) are you recommending for the course? \$ _____
Is there an additional material fee for your class? _____ If yes, how much? \$ _____
Additional notes: _____

<b>Your qualifications to teach this program</b> <i>Please provide copies of pertinent certifications:</i>
_____
_____
_____
Have you instructed this class before? _____ If yes, where and who did you work with?
Name: _____ Company: _____ Phone: _____