



CORTE MADERA
PARKS & RECREATION DEPARTMENT
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PROGRAM PROPOSAL FORM

COMPANY INFORMATION

NAME:

ADDRESS:

PHONE #:

FAX #:

EMAIL:

WEBSITE:

INSTRUCTOR INFORMATION:

NAME:

ADDRESS:

PHONE #:

FAX #:

EMAIL:

WEBSITE:

PROGRAM TITLE:

AGE GROUP:

DESCRIPTION OF PROGRAM:

INSTRUCTOR BIOGRAPHY:

PROPOSED DAY AND TIME:

1. _____
2. _____
3. _____

NUMBER OF PARTICIPANTS:_____ MINIMUM_____ MAXIMUM_____

AGES OF PARTICIPANTS:_____

PROPOSED FEE:_____

PROPOSED INSTRUCTOR PAY (PER CLASS/PER PARTICIPANT/PER PROGRAM):_____

CLASS MATERIALS FEE:_____

REFERENCES: NAME, TITLE, DEPT AND PHONE NUMBER

1. _____
2. _____
3. _____

HAVE YOU PROVIDED PROGRAMS FOR OTHER PARKS & RECREATION DEPARTMENTS?

AS OF: MAY 2008