



**CRYSTAL LAKE PARK DISTRICT**

An IAPD/IPRA Distinguished Agency

## Program Proposal Form

### Contact Information

Business Name: \_\_\_\_\_

Main Representative Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Website: \_\_\_\_\_

### Program Details

Program Title: \_\_\_\_\_

**Age of Participants:**

- Preschool (ages 3-5)
- Youth (ages 5-11)
- Pre-Teen (ages 11-12)
- Teen (ages 12 & 18)
- Adult (ages 18 & up)
- Seniors (ages 60 & up)
- All Ages
- Other \_\_\_\_\_

**Facility Needed:**

- Multi -Purpose Room
- Fitness/Dance Room
- Beach/Lake
- Outdoor Sport Court
- Park/Field
- Other: \_\_\_\_\_

**Length of Program:**

*What brochure season are you looking to introduce this program?*

- Summer (June-August)
- Fall (September-December)
- Winter/Spring (January-May)
- Other \_\_\_\_\_

How many times will this program meet in one session? \_\_\_\_\_

How many days per week will this program meet? \_\_\_\_\_

How long will each class be? \_\_\_\_\_

Suggested day(s) of the week and time the program should meet: \_\_\_\_\_

Second Choice of day(s) and time: \_\_\_\_\_

Third Choice of day(s) and time: \_\_\_\_\_

What is the requested rate of pay for the instructor/business for this program? (Is the fee per hour, per participant, flat rate, etc.) \_\_\_\_\_

### Program Description

Please provide a brief description to be used in flyers and brochures: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please list the benefits that this program will provide to its participants:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Please provide an outline/lesson plan that gives specific details for the program including activities planned and skills targeted.**

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(If more space is needed, attach additional pages or use the back of this form.)

**What can be done to adapt this program to persons with disabilities?**

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### **Equipment and Supplies**

What equipment and/or supplies will be provided by the instructor/contractor? (All equipment & supplies used for the program must meet current safety & industry standards and guidelines and be in proper working condition.)

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What equipment and/or supplies will the Crystal lake Park District need to provide for this program?

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Will the participant be required to bring anything? In the case of special program materials, how much does each item cost? \_\_\_\_\_

### **Safety and Emergency Factors**

To provide the best possible experience for the participant, an awareness of potential hazards and risks is required. List any safety, health and risk factors for this program and how this information will be presented to participants. \_\_\_\_\_

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If this program/class is to be held outside, what action will be taken in case of inclement weather?

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### **Instructor Qualifications**

Contractors/instructors are responsible for ensuring all instructors have and maintain the appropriate qualifications and certification for program success and safety. Please list qualification, certifications and experience that makes the instructor qualified to lead this program.

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Is the instructor certified in any of the following? \_\_\_ First Aid \_\_\_ CPR \_\_\_ AED

**References**

Please give references of organizations where you have offered this program (or similar programs) in the past two years.

Organization: \_\_\_\_\_

Contact Person & Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Month & Year Program was Offered: \_\_\_\_\_

Organization: \_\_\_\_\_

Contact Person & Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Month & Year Program was Offered: \_\_\_\_\_

**Verification of Information Statement**

I agree the statements and information provided in this document are true and correct. I will notify the Crystal Lake Park District in writing of any changes to information in this document. I understand I may need to provide verification of information and certifications mentioned in this document. I also understand in certain situations, instructors/contractors *may* be subject to one or more of the following background checks:

- 1. Illinois State and/or FBI criminal background checks.
- 2. Past employment reference checks
- 3. Insurable driving record checks
- 4. Current Illinois State Driver’s License/Endorsement check

(If your program is selected, your administrator will clarify any questions on these.)

\_\_\_\_\_  
**(Applicant Signature)**

\_\_\_\_\_  
**(Date)**

**Please complete and return this form:**

Crystal Lake Park District  
One East Crystal Lake Avenue  
Crystal Lake, IL 60014  
www.crystallakeparks.org  
Don Self, Superintendent of Recreation Services  
dself@crystallakeparks.org  
Phone: (815) 459-0680  
Fax: (815) 477-5005 Ext. 217

**Updated 9/11 MF**