



# PROGRAM PROPOSAL FORM

## Contact Information

Business Name		
Main Representative's Name		
Address		
City	State	Zip
Phone Number	Fax Number	
Email Address	Website	

## Program Details

Program Title

Age of Participants	Facility Needs	Length of Program
Preschool 3-5 Years	Multi-Purpose Room	What Brochure Season are you looking to introduce this program?
Youth 5-11 years	Fitness/Dance Room	
Pre-Teen 11-12	Beach/Lake	
Teen 12-18	Outdoor Sport Court	Summer (June-August)
Adult 18+ years	Park/Field	Fall (September-December)
Senior 60+ years	Other	Winter/Spring (January-May)
All Ages		Other
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?	Day(s)
	Time(s)

What is the requested per participant rate for the instructor/business for the program? \$

## Program Description

Please provide a brief description to be used in brochures:

Please provide an outline/lesson plan with specific program details including activities planned and skills targeted: (If more space is needed, attach additional pages to this form)

## Equipment and Supplies

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

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.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 If this program is to held outdoors, what action will be taken in case of inclement weather?  
 \_\_\_\_\_  
 \_\_\_\_\_

**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 qualifications, certifications and experience that makes the instructor qualified to lead this program.

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

Is the instructor certified in any of the following? First Aide CPR AED

**References**

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

1. Organization  
 Contact Person & Title  
 Phone Email Address  
 Month and Year Program was Offered  
 2. Organization  
 Contact Person & Title  
 Phone Email Address  
 Month and 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 the 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 and 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 - 1 E Crystal Lake Avenue - Crystal Lake, IL - 60014**