



Proposal for a program or class with the City of Corvallis
Parks and Recreation Department

Person making the request: _____

Organization represented, if any: _____

Non-profit ___ Business ___ Individual ___

Address: _____

Phone (day): _____ e-mail _____

Describe your class or program: _____

What ages would be appropriate to participate? _____

How many people would you like enrolled? Min. _____ Max. _____

Are supplies needed, and if so, do you provide them or does the student? _____

What are they? _____

If the student provides them, what is the approximate cost? _____

How often would the class meet and for how many weeks? _____

When are you available to teach? Fall term ___ Winter ___ Spring ___ Summer ___

Day ___ Evening ___ M ___ Tue ___ Wed ___ Th ___ Fri ___ Sa ___ Sun ___ Time _____

What is your rate of compensation or are you interested in volunteering? _____

Are you currently teaching this class? _____ If so, where? _____

What is your experience in teaching this program or class? _____

Please return to Deb Curtis.

***List three references on the back of this form.**