

CLASS PROPOSAL FORM



Please print with pen or fill out on your computer.

One class per class proposal. Please complete second form if proposing a different class.

Incomplete or inaccurate forms will not be accepted and will be returned to you.

We reserve the right to edit all class descriptions.

CONTRACTOR INFORMATION

Company Name			
Instructor Name			
Addresses		City, State, Zip	
Phone Number		Email	
Website			

QUALIFICATIONS AND PROFESSIONAL EXPERIENCE

What makes you, the owner of your company/business, qualified to offer recreation classes? Please include work experience, education, accreditation, professional licenses or certifications.

Where have you recently taught classes other than Milpitas Recreation? Please list 3 different agencies or organizations, your contact or coordinator, and a contact number.

- 1) _____
- 2) _____
- 3) _____

If you have employees or staff who will teach your classes, please list their work experience, length of teaching experience, education, accreditation, professional licenses, or certifications that qualify them to teach class.

CLASS INFORMATION

Season (please choose one)	<input type="checkbox"/> Fall/Winter	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	Year	
Class Title (40 character limit)					
Class Description (600 character limit)					

Please note:

Class will be held at _____

No class held on _____

A non-refundable material fee of _____ is due to the instructor on the first class meeting.

Participants should wear _____

Participants should bring _____

For rainout hotline, please call _____

Additional notes _____

Activity Category _____ Activity Other Category _____

Milpitas Recreation and Community Services strives to make all classes and programs accessible for all individuals and families regardless of race, color, religion, gender, national origin, or ability level. Please explain how your class will be accessible and inclusive for all.

Activity Number (for staff only)	Proposed Class Location	Proposed Resident/Non-Resident Fees	Proposed Start Date	Proposed End Date	Day(s) of Week	Proposed Start Time	Proposed End Time	Duration of Class	# of Class Meetings	Proposed Enrollment Min/Max	Proposed Age Min/Max

INDEPENDENT CONTRACTOR AGREEMENT

By checking this box, I understand that submitting a class proposal does not guarantee that the class will be included in the City of Milpitas Recreation and Community Service's recreation offerings. The final class schedule and class locations are subject to availability of City facilities and can be changed at the discretion of Recreation and Community Services.

**This form is to be returned to the Milpitas Recreation and Community Services Department.
If questions, please contact the Milpitas Community Center: 408-586-3210**

FOR STAFF ONLY

Date Received: _____ New Class Returning Class Camp Connector Extended Care

Additional Notes: _____