

Britannia Community Services Centre Program Proposal

If you are interested in offering a particular program, please complete the following for review by the Recreation Programmer responsible. Please be as concise and legible as possible.

Please check appropriate area/person:

- | | |
|--|-----------------|
| <input type="checkbox"/> Arts & Culture | Ellen Dacamara |
| <input type="checkbox"/> After School Programs - Children | Jennifer Scott |
| <input type="checkbox"/> Preteen/Youth | Tom Higashio |
| <input type="checkbox"/> Sport & Fitness/One Day Workshops | Lori Moretto |
| <input type="checkbox"/> Seniors | Anne Jackson |
| <input type="checkbox"/> Rink/Membership Events | Susy Bando |
| <input type="checkbox"/> Pool | Vittoria Basile |

Program periods are as follows:

- | | | |
|--|----------------------|--|
| <input type="checkbox"/> Winter | January - March | (proposals due beginning of September) |
| <input type="checkbox"/> Spring | April - June | (proposals due beginning of January) |
| <input type="checkbox"/> Summer | July & August | (proposals due beginning of April) |
| <input type="checkbox"/> Fall | September - December | (proposals due beginning of June) |

Program Information

Program Name: _____ Submission Date: _____

Age group: _____ Gender: M F Co-ed Group Size: Min: _____ Max: _____

Suggested Day(s) of the Week: _____ Suggested Time: _____

Description: (should be 50-75 words which can be used in our seasonal brochure)

Program Length: (eg. 1/wk x 1hr x 10wks): _____

Suggested Rate of Pay: \$ _____ /hr or % _____ Supply Costs _____

Facility/Room Requirement: (size, flooring, mirrors, etc) _____

Equipment Requirement: (slide projector, mats, tables, etc) _____

Name: _____ Phone: (h) _____

Phone (w): _____ Fax: _____ Email: _____

Home Address: _____

Qualifications/Experience: PLEASE ATTACH RESUME.

References: (Work, Personal, Education)

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Thank You for your submission.