

# 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:

Arts & Culture	Bea Miller
After School Programs – Children	Ron Scott
Preteen/ Youth	Tom Higashio
Sports & Fitness / One Day Workshops	Fraser McElroy
Seniors	Anne Cowan
Rink/ Membership Events	Susy Bando
Pool	Marie Beesley

Program periods are as follows:

Winter	January-March	(proposals due beginning of September)
Spring	April-June	(proposals due beginning of January)
Summer	July & August	(proposals due beginning of April)
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):

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

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.***