

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 | Helen Spaxman |
| <input type="checkbox"/> After School Programs – Children | Ron Scott |
| <input type="checkbox"/> Preteen/ Youth | Tom Higashio |
| <input type="checkbox"/> Sports & Fitness / One Day Workshops | Fraser McElroy |
| <input type="checkbox"/> Seniors | Anne Cowan |
| <input type="checkbox"/> Rink/ Membership Events | Susy Bando |
| <input type="checkbox"/> Pool | Marie Beesley |

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 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: _____

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Thank you for your submission.