



KERRISDALE COMMUNITY CENTRE

5851 West Boulevard, Vancouver, BC V6M 3W9

P: 604-257.8100 F: 604-257-8313 Website: www.kerrisdalecc.com

PROGRAM PROPOSAL FORM

Program Periods

- Winter
- Spring
- Summer
- Fall

Months

- Jan - Mar
- Apr - Jun
- Jul - Aug
- Sep - Dec

Deadlines

- Proposals due beginning of October
- Proposals due beginning of January
- Proposals due beginning of April
- Proposals due beginning of June

Program Information

Program Name: _____

Age Group: _____ Gender: Male Female Co-Ed Group Size: Min: _____ Max: _____

Suggested Rate of Pay: _____ Supply Costs: \$ _____ /person

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

| Course Name & Level | 1. | 2. | 3. |
|--|----|----|----|
| Day(s) | | | |
| Start Date | | | |
| End Date | | | |
| Start Time | | | |
| End Time | | | |
| Cancel Classes <i>(missed classes due to stats or absences)</i> | | | |
| Facility/Room Requirement <i>(size, flooring, mirrors, etc.)</i> | | | |
| Equipment Requirement: <i>(projector, mats, tables, chairs, etc.)</i> | | | |
| # of Sessions | | | |
| Suggested Registration Fee <i>(including HST)</i> | | | |
| Suggested Drop-In Fee <i>(including HST)</i> | | | |

Instructor Information

Instructor Name: _____ Mailing address: _____

City: _____ Postal Code: _____

Phone (cell): _____ Phone (home): _____

Email address: _____

Qualifications/Experiences: PLEASE ATTACH RESUME

References (Work, Personal, Education):

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____