



**Swanton Recreation**

Po Box 332, Swanton, Vermont 05488

[swantonrecreation@gmail.com](mailto:swantonrecreation@gmail.com) ~ 868-2493

**Program Proposal Form**

**Contact Information:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Proposed Program Information:**

1. Program Title: \_\_\_\_\_

2. Program Description: (This will be used in creating a description for our website and advertising)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Length of each class: \_\_\_\_\_ (hours/minutes) Time of class: \_\_\_\_\_

4. Length of session: \_\_\_\_\_ (1 class, # of weeks) Date(s) of class: \_\_\_\_\_

5. Preferred day(s)  Monday  Tuesday  Wednesday  
 Thursday  Friday  Saturday

6. Time of year:  Fall (Sept-Nov)  Winter (Dec-Feb)  
 Spring (Mar-May)  Summer (June-Aug)

7. Target audience:  Female  Male  Co-ed

8. Age or grade of participants: \_\_\_\_\_

9. Minimum enrollment: \_\_\_\_\_ Maximum enrollment: \_\_\_\_\_

10. Instructor Compensation: \$ \_\_\_\_\_ per participant

11. Additional information: What equipment/items/ supplies will participants need to bring? \_\_\_\_\_

**Instructor/facilitator Information:** (please use separate sheet if necessary)

**Instructor Bio & qualifications:**

*Thank you for your interest in offering programs with the Swanton Recreation Department. Please complete this proposal and return to us, along with a copy of your current certifications or resume. 20% of program proceeds will be withheld for associated recreation fees. All instructors will need to fill out a W9 to receive payment. Please call Liza L. Comiskey at 868-2493 or if you have any questions.*

**Send completed forms to the address listed above**

