

Program Planning Form

Please complete this form and return to Recreation Superintendent, Kelly Hyer at khyer@wbparks.org. You can also request this form to be sent to you electronically.

Also include:

- Instructor Credentials
- References (from current or past classes, especially if you currently teach for another Recreation Department or Community Education).
- Photos

Program proposal forms are due three times per year.

Deadline to Submit	Seasonal Brochure your Program	Session Dates (could offer 1, 2 or 3	First Day of
Proposal	would appear in	sessions within these dates)	Registration
September 15	Winter Brochure	January 15-April 30	December
			(beginning)
January 15	Spring/Summer Brochure	May 15-August 30	April (mid)
May 15	Fall Brochure	September 15-December 31	August (beginning)

Complete the information below to the best of your ability. If you are already teaching a class for someone else and

want to duplicate that	same program, simply att	ach the current information	you are using.
PROGRAM NAME:			
PROGRAM DESCRIPTIO	N (Limit to three sentenc	es or 50 words. If you do not	, we will edit it down.):
PROGRAM BENEFITS TO	O THE PARTICIPANT:		
MATERIALS THAT PART	CICIPANTS NEED TO BRING	G TO CLASS:	
AGE GROUP (For Camp camp to a specific audi	-	the age groups below and <u>ca</u>	nnot check all "youth" boxes; must gear
Preschool (4 and un	der, not yet in Kindergart	en)Youth, grades K-2	Youth, grades 3-5
Teens, grades 6-7	Teens, grades 8-9	Teens, grades 10-12	Adults (Choose: 16+, 18+, 21+)

PROPOSED LOCATION:
(Revenue sharing percentages are dependent upon the location of the class. If you will be teaching within a
West Bloomfield Township facility, the revenue split is 60/40, 60% to instructor/40% to WBPR.)
ROOM SET-UP-Do you have any special room set-up requests?
EQUIPMENT-Do you have all of the equipment needed? Any equipment requests?
PROPOSED CLASS FEE TO BE ADVERTISED TO THE PUBLIC:
(Include any material fees, or list material fee separately that would be asked to be paid at the beginning of class by each participant. For example, if the advertised cost of the program is \$50 per person, 60% of the \$50 would go to the instructor and 40% would be kept by WBPR.) Please be aware that late registration fees and non-resident fees paid by participants at the time of their registration are fees that are NOT passed on to instructors, nor are these fees allocated in the percentage split.
MINIMUM # OF PARTICIPANTS NEEDED TO HOLD THE PROGRAM:
MAXIMUM # OF PARTICIPANTS NEEDED TO HOLD THE PROGRAM:
PROPOSED STARTE DATES/TIMES:

	SESSION 1	SESSION 2	SESSION 3	Example:
Day of the Week				Mondays
Starting Date				January 25, 2016
Any Skip Dates?				2/15 Mid-Winter Break
Holidays, Scheduled				
Instructor Absences				
End Date				February 22, 2016
Total # of Weeks				4
Start Time				6рт
End Time				7pm
Total # of Minutes or				1hour
Hour(s) Per Week				

OTHER NOTES:

CONTACT INFORMATION:

NAME OF PER	SON CON	MPLETIN	IG THIS FORM:	
EMAIL:			CELL:	
Will you be th	e main co	ontact fo	or this class? Will you be instructing the class too?	
NAME(S) OF L		RUCTOF	R:	
EMAIL:			CELL:	
Do you want a	any of the	e followi	ing items listed on our online registration system?	
Email?	Yes	No	If yes, what email address?	
Phone?	Yes	No	If yes, what phone number?	
Website?	Yes	No	If yes, what website?	

Please see form due dates on the front of this form. Please also include the additional information requested.

Program proposal forms are reviewed within 7 days of submission. If approved, here are the following steps:

- 1. You will be assigned to a Parks and Recreation programmer.
- 2. You will receive background check forms for each instructor to complete and return.
- 3. You will receive Instructor Handbook to read, with an "Acknowledgement Form" for each instructor to complete.
- 4. Once a successful background check(s) is completed and cleared, a blank Contractual Services Contract will be issued.
- 5. Once the signed Contract has been returned, your information will be submitted in our next registration cycle including registration system and Marketing staff. Facility will be booked if applicable.
- 6. You will be asked to complete a W9 prior to the start of your program.
- 7. You will be asked to provide a copy of your worker's compensation insurance (only if your employees are conducting the class for you).
- 8. You will be asked to provide a copy of your liability insurance (however, not required) and WBPR should be named as an "additional insured".

Please complete and return to:

Kelly Hyer, CPRP, Recreation Superintendent West Bloomfield Parks and Recreation Commission www.wbparks.org

4640 Walnut Lake Rd, West Bloomfield, MI 48323

Main Office: 248-451-1900 Direct Line: 248-451-1910 Fax: 248-738-2529