

RECREATION PROGRAM PROPOSAL

Recreation

Office Use Only

Received:

Hermiston Parks and Recreation continually searches for new courses and instructors. If you have a particular talent or skill that you would like to teach others and earn a little extra money at the same time, complete and submit this form. We facilitate programs and services throughout the year in three (3) programming seasons; Fall, Winter, Spring/Summer. The duration of each program varies depending on the subject and intensity. Some programs are scheduled to meet once a week for six weeks while others last only a day. While there are professionals on staff that can lend their expertise, the program is yours to create.

Staff will assist you in determining the length, demographic, location, and fee. Proposal submissions are reviewed by Hermiston Parks and Recreation staff. If your proposal is accepted, you will be contacted by a Recreation Supervisor or Recreation Coordinator to schedule a time to come in and discuss the proposal. If your proposal is not selected, a staff member will contact you in writing. Contract or seasonal hire options are available.

VENDOR INFORMATION

Contact Person			
Company Name (if any)			
Address			
Phone			
E-mail Address			
	Program Info	DMATION	
Program Name	PROGRAM INFO	ORWIATION	
Program Description Please be brief and accurate and include the purpose and goal of the program. The department reserves the right to make changes.			
Facilitator Name(s) Attach list if needed.			
Age Range			
Grade Range Grade Range	Pre-K and K Middle School (6-8)	Elementary (1-3) High School (9-12)	Elementary (4-5)
Gender	Males Females	Any	
Participants	Minimum		
	Maximum		
Proposed Program Fee Subject to Supervisor Approval			
Supply List List storage, facility needs and participant supplies.	Supplies you will provide:	Supplies needed to	purchase:

Activity Notes Please list all items that participants need to bring, wear, etc. Attach list if needed.					
Please list all questions participants are required to answer during registration. Attach list if needed.					
Season (check only one)	Spring/Summer May-August	Fall Sept-Dec		Winter Jan-April	
Preferred Location Please list any space requirements or	Hermiston Community Cer	nter			
setup needs.	Park				
	Athletic Field(s)				
Marketing Plan					
Please list plan for marketing, including flyers,					
social media etc. Program will be included in					
seasonal program guide.					
Additional Comments					
Number of Sessions Offered					
			_		

Please complete the below section(s), as needed, for each session.

PROGRAM DATES AND TIMES								
Program Day(s)	Monday	Tuesday	Wednesday		Thursday			
	Friday	Saturday	Sunday					
Program Date(s)								
Times	Start Time			End Time				
Setup/Breakdown Time	Setup Breakdow		kdown					
Registration Close Date								

Please attach a current resume that includes past experience, paid or unpaid, that qualifies you to teach this program. Please include personal and professional references.

Click here to Submit this Form! or turn into Parks & Recreation Department