



Henderson County Parks & Recreation Program Proposal Form

Please fill out boxes as completely as possible. When finished, "Save As" to your computer and name the file appropriately. Attach to an email and return. Or print and fill by hand and return to our Parks and Recreation Office located at 708 S. Grove Street, Hendersonville NC 28792.

INSTRUCTOR/CONTRACTOR INFORMATION

Name:			
Address:			
City/State/Zip:		Phone:	
Additional Phone:		E-mail:	
Website:			
Are you an established business?	Yes	No	Business/DBA Name:
Who is authorized to bind your business in a contract?			
Name:		Title:	
Does your business carry liability Insurance?	Yes	No	How Much?
Are you offering this program elsewhere?	Yes	No	Where:
Tell us what makes you the best person to provide this service?			
List ways you will promote this program:			

Is this program:	Private/Group Meeting	Open to the Public	Advertised by Parks & Rec
------------------	-----------------------	--------------------	---------------------------

CERTIFICATIONS/LICENSES: List all that are related to this program proposal (attach copies)

Title	Issue/Expiration	Description

REFERENCES:

Name	Organization/Title	Phone

PROGRAM SPECIFICS

Program Title: (The title should catch the audience's attention, be descriptive, but brief)

Program Description: (The description should sell the customer on your program. Be descriptive and accurate while explaining what is offered. Limit to about 70 words. Attach additional sheets as necessary.)

Program Goals/Benefits for Participants:				
Prerequisites: (Knowledge or skills the participant needs prior to enrollment)				
Additional Information: (Information the participant needs to know prior to enrollment, e.g. supplies to bring, how to dress)				
Safety and Emergency Factors: (To ensure the best possible experience for the participant, an awareness of potential hazards is required. List all safety and risk factors.)				
Requested Day(s) of the Week: (Check any that apply.)				
Monday	Tuesday	Wednesday	Thursday	Friday
Saturday				
Session:	1st Quarter (Jan-Mar)	2nd Quarter (Apr-Jun)	3rd Quarter (Jul-Sep)	4th Quarter (Oct-Dec)
Class Date(s):		Class Time(s):		Total Time Requested:
Start:	End:	Start:	End:	Length of one meeting: _____ hrs
Start:	End:	Start:	End:	# of classes per week: _____
Start:	End:	Start:	End:	# weeks per month: _____
Start:	End:	Start:	End:	Total hours: _____
Participant Requirements:				
Minimum number: _____	Maximum number: _____	Minimum age: _____	Maximum age: _____	
Facility needs and/or meeting location:				
Equipment needs:				
What will you provide:				
What do you expect us to provide:				
Fee Information				
Cost per participant: (Your desired instruction fee plus percentage to County. For example, with a 75/25 split, \$100 per student results in \$75 to instructor and \$25 to the county.)			Additional costs: (e.g.: supply costs paid to contractor, admission, and/or meal costs if not included in registration fee.)	
Questions or Comments:				

Submitted by: _____ Date Submitted: _____

OFFICE USE ONLY				
Received By: _____	Date: _____	Reviewed By: _____	Date: _____	
Status:	Instructor/Contractor	Rental	Declined	Reason: