

COUNTY OF SANTA CRUZ DEPARTMENT OF _____
PARKS, OPEN SPACE AND CULTURAL SERVICES

COURSE PROPOSAL INFORMATION

(INSTRUCTORS MUST COMPLETE A SEPARATE FORM FOR EACH CLASS)

Instructor's Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

City/ZIP: _____ E-Mail Address: _____

Proposed Course Title: _____

Description: _____

Instructor's Biography - include college degrees, prior teaching and work experience, affiliations, etc.:

Participant Information:

Age Range: _____ Minimum # Students: * _____ Maximum # Students: _____

*If fewer than the required minimum sign up, the class will be cancelled by the Parks Department.

Pre-Requisites for class participation, if any: _____

Are you bilingual: No _____ Yes _____ Language: _____

Class Schedule Information (continue on reverse if more space is needed):

Schedule Preference: Days: _____ Dates: _____ Hours: _____

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Insurance:

Depending on your class, you may need to provide proof of general liability insurance (1 million), or insurance requirements may be waived.

Can you provide proof of one million of general liability insurance? Yes _____ No _____

Do you have private insurance? Yes _____ No _____

Location preference (check all that apply): Mar Vista Elementary _____ Aptos Village Park _____

Simpkins Family Swim Center _____ Quail Hollow Ranch Co. Park _____

Other _____

Equipment and Facility Needs (e.g. dry erase board, desks, electricity, running water, sink, etc.):

Recommended class fee, per participant: \$ _____ **Materials fee**, if any \$ _____

Please note - County Parks retains 40% of net registration receipts, less sibling discounts, refunds, etc.

It is the instructor's responsibility to collect materials fees, which are paid directly by students to the instructor.

Marketing and Promotion: Do you plan to advertise this class apart from County Parks? If so, how?

Please give a brief outline of each class and material to be covered: _____

References: Please give two names of former students or co-workers we can contact who are familiar with your teaching qualities:

Name: _____ Phone: _____

Name: _____ Phone: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

W-9

INSURANCE

FINGERPRINTS CLEAR D.O.J DATE _____

SSN: _____

CONTRACT COMPLETE

PURCHASE ORDER REQ. _____ N/A _____