



CITY OF MORENO VALLEY
PARKS AND COMMUNITY SERVICES DEPARTMENT
CONTRACT CLASS PROPOSAL – EXHIBIT D

Instructor

Name: _____ Email: _____

Cell: _____ Alternate Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Company Name: _____ Website: _____

City of Moreno Valley Business License No: _____ Tax ID No: _____

(Apply for a city of Moreno Valley Business License [Moval-biz-license](#))

Class

Name: _____ Participant Ages: _____

Description: _____

Requested Day(s): _____ Requested Time: _____

Activity Fee: _____ Uniform/Costume Fee: _____

Class minimum enrollment: _____ Class Maximum Enrollment: _____

Relevant Experience:

Three References:

<i>Professional</i>	_____	Email: _____
<i>Professional</i>	_____	Email: _____
<i>Participant</i>	_____	Email: _____

CITY OF MORENO VALLEY
 PARKS AND COMMUNITY SERVICES DEPARTMENT
 CONTRACT CLASS PROPOSAL – EXHIBIT D

SUBSTITUTE AND/OR ADDITIONAL INSTRUCTOR #1		
Last Name:	First Name:	MI:
Street Address:		
City, State, Zip:		
Home Phone:	Cell Phone:	
Email Address:		
Is this person a current or previous employee of the City of Moreno Valley? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please provide dates of employment and department:		

SUBSTITUTE AND/OR ADDITIONAL INSTRUCTOR #2		
Last Name:	First Name:	MI:
Street Address:		
City, State, Zip:		
Home Phone:	Cell Phone:	
Email Address:		
Is this person a current or previous employee of the City of Moreno Valley? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please provide dates of employment and department:		

SUBSTITUTE AND/OR ADDITIONAL INSTRUCTOR #3		
Last Name:	First Name:	MI:
Street Address:		
City, State, Zip:		
Home Phone:	Cell Phone:	
Email Address:		
Is this person a current or previous employee of the City of Moreno Valley? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please provide dates of employment and department:		

I certify that all information is true and accurate, that all assistants and substitutes are over the age of eighteen (18) and will clear a background check per California Public Resource Code, Section 5164 prior to the commencement of work. I understand that false, incomplete, or misleading information may be cause for disqualification.

_____ Date

Print Name

Signature