



CONTRACT CLASS



PROPOSAL REQUEST FORM



CITY OF MORENO VALLEY
PARKS AND COMMUNITY SERVICES DEPARTMENT
PROGRAM REQUEST FORM – PLEASE FILL OUT BOTH SIDES
(PLEASE FILL OUT ONE PER CLASS)

DATE SUBMITTED _____

INSTRUCTOR NAME _____

EMAIL ADDRESS _____

SOCIAL MEDIA HANDLES _____

ADDRESS _____

PHONE # _____ ALTERNATIVE PHONE# _____

DRIVER'S LICENSE# _____

HIGHEST LEVEL OF EDUCATION _____

CLASS DETAILS

NAME OF CLASS _____

AGE OF TARGETED PARTICIPANTS _____

REQUESTED DAY(S) OF WEEK FOR THE CLASS _____

REQUESTED TIME _____

DURATION OF CLASS _____

#OF SESSIONS _____

REQUEST FEE OF THE CLASS _____

CLASS DESCRIPTION _____

EQUIPMENT/MATERIALS NEEDED _____

MINIMUM # OF STUDENTS _____

MAXIMUM # OF STUDENTS _____

(Continue on back)



INSTRUCTOR RELEVANT EXPERIENCE/EDUCATION

REFERENCES (PROFESSIONAL REFERENCES ONLY)

NAME _____ PHONE# _____

RELATION TO APPLICANT _____

NAME _____ PHONE# _____

RELATION TO APPLICANT _____

NAME _____ PHONE# _____

RELATION TO APPLICANT _____

ADDITIONAL INFORMATION _____

FOR CITY OF MORENO VALLEY USE ONLY

APPROVED BY _____ DISAPPROVED BY _____

REASON FOR DISAPPROVAL _____
