



Program Proposal

Received on: _____

For which seasons would you like to run this class?	WINTER ____ SPRING ____ SUMMER ____ FALL ____
Organization/Company:	
Instructor's Name:	
Address:	
Phone Number:	
Email Address:	
Date of Birth:	

Course Name:				
Note: Description should be 50 words or less . Please note if there is a free session (day and date)				
Day Preference(s)	Start Date	End Date	Start Time	End Time
Set Up/Take Down (Time Needed)	Number of Sessions	No Class Date(s) (Due to Conflict /Holidays)	Min. Age	Max. Age
Min. Participants	Max. Participants	Fee	Percentage Split	

Needs for your class (equipment, audio/visual, tables, chairs, sink, etc.):

Other information participants need when registering for class:

Additional information/Notes:

Please also attach:

- A current resume, relevant certifications (ex. First aid, Food Safe) and (optional) cover letter outlining your qualifications
- a course outline or syllabus (optional)
- flyers, brochures, handouts or advertisements used for your class (optional)
- photos or samples of your work (optional)

***Please be aware that new programs are accepted at the discretion of staff and/or False Creek Program Committee based on False Creek Centre needs. All program proposals not accepted for the current season may be kept on file and reviewed for consideration based on Community Centre needs. We appreciate and thank you for your submission.**