

## **GREENDALE PARK AND RECREATION DEPARTMENT**

5647 Broad Street – Greendale, WI 53129 414-423-2790

## **SUMMER 2023 - PROGRAM OFFERING PROPOSAL**

## **CONTACT INFORMATION:** Business Name: \_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_ Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_ List Qualifications to Teach this Program: PROGRAM INFORMATION: Program Description: Name of Program: \_\_\_\_\_\_ Type of Program Activity: \_\_\_\_\_ Day(s) of the Week: \_\_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_ Skip Dates: \_\_\_\_\_ Setup Time: \_\_\_\_\_\_ Teardown End Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Teardown End Time: \_\_\_\_\_ Total # of Program Dates \_\_\_\_\_\_ Minimum # Students: \_\_\_\_\_ Maximum # per Class: \_\_\_\_\_ Age Range of Participants: Parents/Guardians Required to Attend: Specific Audio/Visual/Computer Equipment Requests: Other Equipment Requests: **FINANCIAL EXPECTATIONS:** Salary Expectation: \$ per hour OR Fee Per Student of \$ Does Class Require Material or User Fee? NO YES If "Yes" how much \$ per participant? **BACKGROUND CHECK SIGNATURE APPROVAL:** By completing this form and providing the above information, I give Greendale Park and Recreation permission to obtain a background check on me. Signature: \_\_\_\_\_\_ Date: \_\_\_\_\_