



SILVER SPRING TOWNSHIP
 PARKS & RECREATION DEPARTMENT
PROGRAM PROPOSAL (2019)

Basic Information

Program Title: _____

Program Description: _____

Target Age Group: _____ to _____ Minimum # of Participants: _____ Maximum _____

Fee Per Participant \$_____ (Understanding that the Township typically agrees to a 75%/25% split)

Skill Level of Participants: Beginner Moderate Advanced

Location: Fire Co. Banquet Room School Classroom/Gym Township Room Outdoors (Park)

Class size may vary and is based on availability of the facility and/or room that is requested.

Days of the Week (check all preferred days): Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Start Date: _____ End Date: _____

Start Time: _____ am/pm End Time: _____ am/pm Duration: _____ hours _____ minutes

Facility/Equipment Requirement (describe service requested)

- Athletic Field/Court: _____
- Equipment (i.e. volleyball nets): _____
- Tables/Chairs: _____
- TV/DVD Player: _____
- Flooring (i.e. carpet, hardwood): _____

Applicant Information

Name: _____ Phone Number: _____

Email: _____

Relevant Certifications, Licenses and/or Training: _____

Do you have a Certificate of Liability Insurance which covers the instruction of this course? YES NO

List Two References:

Name (no relatives please)	Relationship	Contact Number	Year(s) known

The Silver Spring Township Parks & Recreation Department reserves the right to reject proposals. Once the proposal has been reviewed, we will contact you to schedule a meeting.

 Signature of Applicant

 Date