

4. Why do you think this class is worth offering? What makes your program unique?

5. What times of the year are you willing to offer this activity?

6. Are there additional supplies and equipment required for this class (ex.: mats, game pieces, weights)? Will you be providing those or does CRPR need to provide them? This will help us determine if you should be classified as an employee or as an independent contractor?

7. If we determine that you should be classified as an independent contractor, are you prepared to secure a general liability policy to cover your work as an instructor, as well as providing your own health insurance? Worker's compensation is not provided by CRPR to independent contractors.

Program Name/Title: _____

Instructor(s) Name: _____ Email: _____

Facility/Location Requested: _____

Class Start Date: _____ Class End Date: _____

Day(s) of the Week Class Meets: _____

Class Start Time: _____ Class End Time: _____

Age or Grade Range of Participants: _____

Registration Deadline: _____

Min # of Participants: _____ Max # of Participants: _____

Instructor cost per participant: _____

Sample Class Description: _____

Select All that Apply:

- Send email on each registration

- Send email when minimum count is reached

- Send email when class maximum count is reached

*PLEASE NOTE: If you are teaching to participants who are under 18 yrs. of age, you MUST successfully complete a criminal background check program.

Instructor Signature: _____ Date: _____

**Please submit this form along with your resume or any program flyers or samples if you have them to
Centre Region Parks and Recreation!**