

TOWN OF BILLERICA RECREATION DEPARTMENT

248 BOSTON ROAD
BILLERICA, MA 01821

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PROGRAM / CLASS PROPOSAL

Class Title:

Program / Class Description:

Please note the purpose and goals of the program along with a sample activity.

Target Audience– age or school grade

Season for program:

Winter 1/1-3/31 Spring 4/1 - 6/15 Summer 6/16-9/15 Fall 9/16 - 12/31

Day (s) of Week:

Monday Tuesday Wednesday Thursday Friday
 Saturday Sunday

Time of day:

Length of class (Amount of time per class)

Number of weeks the program would run:

Gender:

Male Female Co-ed

Minimum # of students

Maximum # of students

Description of space required:

Equipment needed:

(Please list ALL items needed to conduct this program. Use separate paper if necessary)
Note: if you will be providing these as an Independent Contractor or if we would need to purchase.

Instructor provided supplies:

Participant to bring:

Instructor rate of pay:

(How much would you want to earn per class not per session):

Program advertised fee per person:

(What you think would be a fair price for the community to pay for the program/class):

Instructor Status:

Independent Contractor (your own company) Recreation Department Staff

Instructor or Company Name:
Address

E-Mail

City:

State

Zip

Telephone

Home:

Work:

Cell: