



City of San Gabriel
Community Services Department
250 S. Mission Drive, San Gabriel CA 91776
(626)308-2875

Course and Activity Proposal

Instructor Information

Name of Organization: _____

Authorized Representative: _____

Address: _____ City: _____ Zip: _____

Phone Number: _____ Email address: _____

Website address: _____

California Driver's License #: _____ Expiration Date: _____

Languages- Spoken Fluently: _____ Written: _____

To whom should checks be made payable? _____

Course Description

Course Title(s): _____

Course objectives:

List up to three program outcomes using measurable words such as define, demonstrate, accomplish...

"As a result of participating in this program, students will be able to..."

1. _____

2. _____

3. _____

Please describe your program in 30 words or less. This description may be used for promotion in Department fliers, press releases and activity guides.

The next seven responses represent the instructor's preferences only. The Recreation Supervisor maintains final approval on all class negotiations. The City of San Gabriel will retain 25% of class fees unless otherwise negotiated. The City may change fees to ensure cost recovery.

Class fee: \$ _____ + \$13 General Fund fee + \$5 Non Resident fee = _____ per course*

*Tennis classes add \$2 maintenance fee; Performing classes add \$2 Dance Show fee

Lab/supply fee not included above: \$ _____

What supplies/ materials will be purchased with the supply fee?

Participant age range: _____

Class length: 1 day 2 Days OR Circle one: 4 5 6 7 8 9 10 Weeks

Time: _____ a.m./p.m. to _____ a.m./p.m. Class Days: M T W TH F SA

Max / Min Students: _____

Room Request:

Adult Recreation Center

Grapevine Room
Grapevine Park

Padillo Room
Kitchen

Lounge
Tent Area (limited availability)

Community Recreation Center

North Room

Dance Room

Equipment Request:

Chairs
Podium

Banquet Tables
Piano

Card Tables
Other _____

P.A. System

What qualifications, education and/or certificates do you possess that qualify you to instruct the class proposed?

High School Name/ College Name/ Training/ Certification	Dates Attended	Degree/ Certification Earned	Major/ Graduation Date

Two city or business references that are familiar with your abilities and qualifications:

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____

Please list your previous experience in providing this type of service:

Have you ever been convicted of a felony or misdemeanor? Yes No

Have you ever been convicted of assault or a firearms violation? Yes No

If you answered yes to the two questions above, please list all incidents below, including but not limited to conviction, approximate date, city and state, sentence or penalty:

I certify that all of the above statements are true and correct. I understand that any misstatement or omission of a material fact may be sufficient cause for termination of my contract.

Signature: _____ **Date:** _____