



Grayslake Park District

Program Proposal Form

Contact Information

Business Name: _____

Main Representative Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax: _____

Email Address: _____

Website: _____

Program Details

Program Title: _____

Age of Participants:

- Parent Tot (ages 6mos. – 3 yrs.)
- Early Childhood (ages 3 – 6 yrs.)
- Youth (ages 6 – 12 yrs.)
- Teens (12 – 18 yrs.)
- Adult (ages 18 & up)
- Active Adults (50+ yrs.)
- All Ages
- Other _____

Facility Needed:

- Multipurpose Room
- Dance Studio
- Gymnasium
- Outdoor Sports Court
- Outdoor Sports Field
- Park
- Other _____

Length of Program:

What brochure season are you looking to offer this program?

- Winter (January – April)
- Spring (April – May)
- Summer (June – August)
- Fall (September – December)
- Other _____

How many times will this program meet in one session? _____

How many days per week will this program meet? _____

How long will each class be? _____

Suggested day(s) of the week and time the program should meet: _____

Second choice of day(s) and time: _____

Third choice of day(s) and time: _____

Recommended minimum/maximum number of participants: _____

What is the requested rate of pay for the instructor/business for this program? (is the fee per hour, per participant, flat rate, etc.) _____

Program Description

Please provide a brief description to be used in the program guide and flyers: _____

Please list the benefits that this program will provide to its participants:

1. _____

2. _____

3. _____

Please provide an outline/lesson plan that gives specific details for the program including activities planned and skills targeted. _____

What can be done to adapt this program to persons with disabilities? _____

Equipment & Supplies

What equipment and/or supplies will be provided by the instructor/contractor? (All equipment and supplies used for the program must meet current safety & industry standards and guidelines and be in proper working condition) _____

What equipment and/or supplies will the Grayslake Park District need to provide for this program (including tables, chairs, etc.)? _____

Will the participant be required to bring anything? In case of special program materials, how much does each item cost? _____

Safety & Emergency Factors

To provide the best possible experience for the participants, an awareness of potential hazards and risks is required. List any safety, health and risk factors for this program and how this information will be presented to participants. _____

If this class/program is to be held outside, what action will be taken in case of inclement weather? _____

Instructor Qualifications

Contractors/instructors are responsible for ensuring that all instructors have and maintain the appropriate qualifications and certification for program success and safety. Please list qualifications, certifications and experience that makes the instructor qualified to lead this program: _____

Is the instructor certified in the following? ____ First Aid ____ CPR ____ AED

All contractors/instructors are responsible for carrying liability insurance, listing the Grayslake Park District additionally insured. Do you carry liability insurance?

____ Yes ____ No

References

Please give references of organizations where you have offered this program (or similar programs) in the past two years.

Organization: _____

Contact Person & Title: _____

Phone: _____ Email: _____

Month & Year program was offered: _____

Organization: _____

Contact Person & Title: _____

Phone: _____ Email: _____

Month & Year program was offered: _____

Verification of Information Statement

I agree that the statements and information provided in this document are true and correct. I will notify the Grayslake Park District in writing of any changes to information in this document. I understand that I may need to provide verification of information and certifications mentioned in this document. I also understand that all instructors/contractors *may* be subject to one or more of the following background checks:

1. Illinois State and/or FBI Criminal Background Check
2. Past employment Reference Checks
3. Insurable Driving Records Check
4. Current Illinois State Driver's License/Endorsement Check

(The Recreation Supervisor of your classes can clarify any questions regarding these.)

Applicant Signature

Date

Please complete this form and return it to:
Grayslake Community Park District
240 Commerce Drive
Grayslake, IL 60030
www.glpd.com
Tel: 847.223.7529
Fax: 847.223-6386