



Grayslake Park District

240 Commerce Drive

Grayslake, IL 60030

P: (847) 223-7529 | F: (847) 223-6386

OFFICE USE ONLY

Date/Time Received: _____

Staff Initials: _____

Phone or In Person: _____

Program Proposal Form

Please complete this form and return it to: Grayslake Community Park District, 240 Commerce Drive, Grayslake, IL 60030

Name: _____

Business Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Emergency/Alternate Contact: _____ Emergency Phone: _____

Website: _____

Program Title: _____

Age of Participants:

- | | | | |
|--|---|---|-----------------------------------|
| <input type="checkbox"/> Parent Tot (6 mo. - 3 yrs.) | <input type="checkbox"/> Youth (6-12 yrs.) | <input type="checkbox"/> Adult (18 yrs & up) | <input type="checkbox"/> All Ages |
| <input type="checkbox"/> Early Childhood (3-6 yrs.) | <input type="checkbox"/> Teens (12-18 yrs.) | <input type="checkbox"/> Active Adult (50 yrs & up) | <input type="checkbox"/> Other |

Facility Needed:

- | | | |
|---|--|--|
| <input type="checkbox"/> Multi-Purpose Room A | <input type="checkbox"/> Multi-Purpose Room B | <input type="checkbox"/> Multi-Purpose Room AB |
| <input type="checkbox"/> Dance Studio | <input type="checkbox"/> Recreation Center Gym | <input type="checkbox"/> Outdoor Sports Court |
| <input type="checkbox"/> Outdoor Sports Field | <input type="checkbox"/> Park | <input type="checkbox"/> Other |

When are you looking to offer this program?

- ☐ Winter (Jan.-Apr.) ☐ Spring (Apr.-May) ☐ Summer (Jun.-Aug.) ☐ Fall (Sept.-Dec.) ☐ Other

How many weeks will this program run? 1 2 3 4 5 6 Other: _____

Suggested day(s) of the week: Su M Tu W Th Sa Suggested Time: _____ to _____

Second Choice of day(s) and time? Su M Tu W Th Sa Suggested Time: _____ to _____

Third Choice of day(s) and time? Su M Tu W Th Sa Suggested Time: _____ to _____

Recommended minimum/maximum number of participants: _____ (min) / _____ (max)

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

Please provide a brief description to be used in all marketing materials: _____

Please list three benefits this program will provide to 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? _____

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

What equipment and/or supplies with 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? _____

To provide the best possible experience for participants, an awareness of potential hazards and risks is required. List any safety, health and risk factors associated with this program: _____

How will this information above be presented to participants? _____

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

Instructors/contractors are responsible for ensuring that all instructors have and maintain the appropriate qualifications and certifications 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 instructors/contractors are responsible for carrying liability insurance, listing the Grayslake Park District additionally insured. Do you carry liability insurance? ☐ Yes ☐ No

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: _____

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 the information in this document. I understand that I may need to provide verification of information and certifications mentioned above. I also understand that all instructors/contractors may be subject to one or more of the following background checks: Illinois State and/or FBI Criminal Background Check, Past Employment Reference Checks, Insurable Driving Records Check, Current Illinois State Driver's License/Endorsement Check.

Applicant Signature: _____ Date: _____