



Recreation Program Proposal

Please attach a copy of your current resume and a minimum of two references (name and contact information).

Instructor / Organization Contact Information

Name	
Email	
Phone Number	
Address	

Program Details

Program Name
Program Description (3-5 Sentences)
Preferred Location(s)
Preferred Day(s) of the Week
Preferred Time
Duration (ex. 1 hour per week for 10 weeks)

Program Name
Minimum Number of Participants
Maximum Number of Participants
Preferred Hourly Rate or Rate/Participant
Equipment Needed vs Equipment Provided (Cost Associated)
Facility Requirements

If you require further information or assistance regarding the completion of your proposal, please contact the Program Coordinator.
recreation@brockton.ca | 519-881-0625