

Program Proposal: Doylestown Township Parks & Recreation

Title of the Program: _____

Which category would this activity apply under? (Please select *only one* category)

Ages 3-5 Years: Preschool

- Virtual
- Green Scene
- Enrichment
- Explore the Arts
- Sports & Wellness

Ages 6-17 Years: Youth

- Virtual
- Green Scene
- Enrichment
- Explore the Arts
- Sports & Wellness

Ages 18 and Over: Adult

- Virtual
- Green Scene
- Enrichment
- Explore the Arts
- Sports & Wellness

Ages 65 and Over: Senior

- Virtual
- Green Scene
- Enrichment
- Explore the Arts
- Sports & Wellness

Across The Ages

- Virtual _____ - _____ yrs.
- Green Scene _____ - _____ yrs.
- Enrichment _____ - _____ yrs.
- Explore the Arts _____ - _____ yrs.
- Sports and Wellness _____ - _____ yrs.

Description to be used in the program guide and/or website - 100 words maximum:

Preferred Season:

Winter/Spring Session

- Mid January - May 31

Summer Session

- Mid June - August 31

Fall Session

- Mid September 1 - December 15

Preferred Facility Space:

Outdoor:

- Pavilion 1 (Near CP athletic fields)
 - Pavilion 2 (Near Kids Castle)
 - Field Space
- Specify Type _____

Indoor:

- Activity Center Trailer

Preferred start date: _____ Alternate start date: _____

Session length (weeks): _____

Preferred Meeting Days (specify 1st, 2nd and 3rd choice):

- Monday _____ Tuesday _____ Wednesday _____
 Thursday _____ Friday _____ Saturday _____
 Sunday _____

If you would like to offer multiple sessions you must leave a week in between sessions for inclement weather and/or makeup dates.

How many times per week would you like the class to meet? 1 2 3 4 5

What time would you like the class to start? _____ AM PM

How long would you like each class to last? _____ Minutes Hour(s)

Participation

Minimum age for participation? _____ yrs. / Maximum age for participation? _____ yrs.

Minimum number of participants in order to run the program? _____

Maximum number of participants you would like to instruct? _____

Fees / Payment

What fee would you recommend as the primary fee for this program? _____

Note: The Program Provider will be paid a **percentage of this fee**. Non-resident fees will be determined by the P&R Dept. and will not be calculated as part of the provider's payment.

- 70% - contractor must provide all necessary equipment and supplies (indoor or outdoor) *
- 60% - If P&R Dept. provides any equipment/supplies, storage, special set-up *

** Subject to change at township discretion as a result of extenuating circumstances and/or supplemental direct/indirect costs incurred by the township (equipment, printing, power, etc.)*

Receipt Notes

Are there any notes you would like printed on the receipt at time of registration? Yes No

Program Provider / Instructor Information:

Contact Name _____

Organization (if applicable) _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone (cell) _____

Phone (home) _____ Phone (work) _____

Present Employer _____ Occupation _____

Related Experience _____

Qualifications / Certifications _____

References (3) _____

Please respond to each of the following:

I understand I may be required to provide proof of current background check and/or child supervision clearances as required and accept this responsibility. Yes No

I understand that I may be required to provide a current certificate of insurance naming Doylestown Township as an "additional insured" and accept this responsibility. Yes No

I understand that I will not be considered a regular employee of Doylestown Township, but shall be considered an independent program provider and, as such, will *not be entitled any benefits afforded to regular wage employees* including (but not limited to) insurance, sick leave, vacation, workers compensation or any other employee benefits given to regular wage employees of the township and accept this responsibility. Yes No

Signature _____ Date _____