Belvidere Park District Program Proposal

Main Representative Nam	e:						
Business Owner Name:							
Address:	City, State, ZIP:						
Phone Number:	Fax Number:						
E-mail Address:	Website:						
PROGRAM DETAILS Program Title:							
□ Adult (Ages 18 & up)	□ Youth (Ages 6-12) □ Seniors (Ages 60 & up)	□ All Ages					
□ Swimming Pool□ Outdoor Court	□ Fitness/Dance Room□ Sports Arena□ Park/Field	□ Ice Rink□ Commercial Facility					
Program Length: # Classes/Session?	# Days/Week?	# Hours/Class?					
Suggested day(s) and time	e the program should meet:						
Second Choice of day(s) a	nd time:						
Recommended Minimum	Number of Students: Ma	ximum Number of Students:					

PROGRAM DESCRIPTION

						CI		
Please	provide a	briet c	lescription	to be	used in	tivers	and	brochures:

Please list the benefits that this program will provide to its participants: 1)
2)
3)
Please provide an outline or lesson plan that gives specific details for the program including activities planned and skills targeted.
(If more space is needed, attach additional pages or use the back of this form.)
What can be done to adapt this program to persons with disabilities?
EQUIPMENT & SUPPLIES What equipment and/or supplies will be provided by the contractor? (The contractor is responsible for ensuring that all non-park district equipment and supplies used for the program meets current safety and industry standards/guidelines and is in proper working condition.)
What equipment and/or supplies will the Park District need to provide for this program (including tables, chairs, audio-visual equipment, screens, hoops, goals)? Certain supplies may include a rental fee*
What will the participants be required to bring? And in the case of special program materials, how much does each item cost? (Include required clothing, program materials, lunch, water, etc.)

SAFETY & EMERGENCY FACTORS To provide the best possible experience for the participant, an awareness of potential hazards & and risks is required. The instructor is responsible for informing the Belvidere Park District and the participants of risks involved with participation and/or use of equipment and supplies. List any safety, health, and risk factors for this program and how this information will be presented to participants. **INSTRUCTOR QUALIFICATIONS** Contractors 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 any of the following (please check all that apply)? ☐ First Aid □ CPR □ AED REFERENCES Please give references of organizations where you have offered this program (or similar programs if this is a new program) in the past two years. Organization: Contact Person & Title: ______ _____ E-mail: _____ Month & Year Program Was Last Offered: Organization: Contact Person & Title: ______ ______ E-mail: ______ Month & Year Program Was Last Offered: **VERIFICATION OF INFORMATION STATEMENT** I agree that the statements and information provided in this document are true and correct. I will notify the Park District in writing of any changes to information in this document. I understand that I may need to provide verification of information/certifications mentioned in this document. I also understand that in certain situations, contractors may be subject to one or more of the following background checks: • Illinois State and/or FBI criminal background checks • Reference checks • Insurable driving record checks • Current Illinois State Driver's License/Endorsement check (If your program is selected, your Program Supervisor will clarify any questions on these.)

Signature & Date