

**Town of Enfield  
Recreation Department**  
124 North Maple Street  
Enfield, CT 06082  
Phone: (860)253-6420  
www.enfield-ct.gov/recreation

***Program Proposal for Instructors***

Thank you for your interest in conducting a program for the Enfield Recreation Department. We are always interested in your skills and ideas. If you would like to teach a program, or have a great idea for a new program, please fill out the following program proposal. We welcome any ideas that reflect the needs and desires of the residents of the Town of Enfield. *Note: submission of a proposal does not guarantee that the Recreation Dept. will offer the proposed program.*

**INSTRUCTOR  
INFORMATION**

Instructor's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Business/Organization: \_\_\_\_\_  
Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Website Address: *(if applicable)* \_\_\_\_\_

*If you are proposing to run the class as a representative of your business and if your program is Selected, you must provide the Town of Enfield with your Tax Identification Number and a copy of your Certificate of Insurance, adding the Town of Enfield as an additional insured. A minimum amount of one million dollars in comprehensive liability insurance coverage is required.*

**PROGRAM  
INFORMATION**

**Program Title:** \_\_\_\_\_

**Detailed Program Description:** *(equipment needed, etc.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Program Objectives:** *(What will the participant learn/what are the benefits of taking this class)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROGRAM DETAILS**

Our programs generally run Monday through Friday, between 5:00 and 9:00 PM. Specific start and end times within that time period are negotiable, however continuity of service times is important. In addition, we offer some programs during the day and on weekends. Programs can run once or twice a week. The duration of the Fall, Winter, Spring and Summer program cycles is approximately 8 -10 weeks.

**Brochure Description:** *please give a 3-4 sentence description of your program that will appear in the Department's electronic program brochure...be creative!*

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Participant Ages: (circle)      Adults (18 & over)      Youth (include age range)\_\_\_\_\_

Minimum # of students needed to run program:\_\_\_\_\_ Maximum # of students allowed:\_\_\_\_\_

Day(s) you are proposing to hold the class:\_\_\_\_\_

Times:            \_\_\_\_\_ AM/PM            to            \_\_\_\_\_ AM/PM

Type of space/facility needed:\_\_\_\_\_

Proposed instructor fee you would expect to charge per hour or per individual (please specify below).

\$\_\_\_\_\_ per \_\_\_\_\_.

Materials needed for the class: (please note whether Recreation Dept. is to provide or participant is to provide their own, i.e. yoga mats, water bottles)\_\_\_\_\_

Is there any additional costs to the participants?      \_\_\_No      \_\_\_Yes

If yes, amount \$\_\_\_\_\_ What will this cost be for?\_\_\_\_\_

**EXPERIENCE**

**Please list your experience with this activity, both teaching and participating:**

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*\*\*Please include copies of any certifications, references or other information you would like us to know about you or your program/business.*

Once this form is submitted, it will be reviewed by Recreation staff and every effort will be made to get back to you in a timely manner regarding the status of your proposal. Should you have any questions, please call the Recreation Office at (860) 253-6420.