



City of Bonney Lake Recreation Department
NEW CLASS PROPOSAL FORM

Instructor: \_\_\_\_\_

Organization/Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Information listed below represents a proposal I am submitting for consideration by the City of Bonney Lake Recreation Department.

Class/Program Title: \_\_\_\_\_

PROGRAM DESCRIPTION

Four horizontal lines for program description.

GENERAL INFORMATION

First Choice

Weekday(s) this class is offered: [ ]Su [ ]M [ ]T [ ]W [ ]Th [ ]F [ ]Sa

Proposed Start Date: \_\_\_\_\_ Proposed End Date: \_\_\_\_\_

Beginning Time: \_\_\_\_\_ Ending Time: \_\_\_\_\_

Second Choice

Weekday(s) this class is offered: [ ]Su [ ]M [ ]T [ ]W [ ]Th [ ]F [ ]Sa

Proposed Start Date: \_\_\_\_\_ Proposed End Date: \_\_\_\_\_

Beginning Time: \_\_\_\_\_ Ending Time: \_\_\_\_\_

Please check the seasons this program would be offered.

- [ ] WINTER December-February
[ ] SPRING March-May
[ ] SUMMER June-August
[ ] FALL September-November

Please describe the ages this program would be offered for.

From: \_\_\_\_\_ To: \_\_\_\_\_ years

Min. # of Students: \_\_\_\_\_ Max. # of Students: \_\_\_\_\_

Proposed Fee Charged for the Class \$ \_\_\_\_\_

