



City of Mill Creek Parks & Recreation Division  
**NEW CLASS PROPOSAL FORM**

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

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

Phone #'s: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Email Address: \_\_\_\_\_

Information listed below represents a proposal I am submitting for consideration by the City of Mill Creek's Parks and Recreation Division.

**Program/Class Title:**

\_\_\_\_\_

Course Description: (Full Program Description for Recreation Guide)

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

General Class Information:

First Choice:

Day(s) of week would like to offer class: SU M T W TH F SA  
Proposed Start Date: \_\_\_\_\_ Proposed End Date: \_\_\_\_\_  
Time: From: \_\_\_\_\_ am/pm To: \_\_\_\_\_ am/pm

Second Choice:

Day(s) of week would like to offer class: SU M T W TH F SA  
Proposed Start Date: \_\_\_\_\_ Proposed End Date: \_\_\_\_\_  
Time: From: \_\_\_\_\_ am/pm To: \_\_\_\_\_ am/pm

**Sessions Offered:**

Winter: January – March 31<sup>st</sup>  
Spring & Summer: April – August 31<sup>st</sup> (optional class may be offered one or both sessions)  
Fall: September – December 31<sup>st</sup>

Please circle the sessions this program would be offered:

WINTER      SPRING      SUMMER      FALL

Age Group: From \_\_\_\_\_ To \_\_\_\_\_ years

**Minimum # of Students:** \_\_\_\_\_ **Maximum # of Students:** \_\_\_\_\_

Facility Requirements:

\_\_\_\_\_

\_\_\_\_\_

Equipment/Supplies Instructor provides:

\_\_\_\_\_

\_\_\_\_\_

Equipment/Supplies Recreation Department provides:

\_\_\_\_\_

\_\_\_\_\_

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

Instructor Payment Information:

How instructor will be paid for services rendered:

- Percentage Split: 70% to Instructor - 30% to City of Mill Creek
- Volunteer Time/No Payment Requested: \_\_\_\_\_

The City offers two fees to participants of most classes: Resident Fee and Nonresident Fee

**Note: *Instructor split will be based on the Resident Fees***

Do you have CPR or First Aid Certifications? If so please list dates of certification

CPR: \_\_\_\_\_ First Aid: \_\_\_\_\_

Are you able to obtain an Insurance Certificate which lists the City of Mill Creek as additional insured? Yes\_\_\_ No\_\_\_

Have you taught this class before? Yes\_\_\_ No\_\_\_

If yes when? Where?

\_\_\_\_\_

\_\_\_\_\_

Please list any experience you have teaching this class or cross training experience that enables you the ability to teach the proposed class:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list at least 2 professional references:

Name

Organization

Contact Information

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**Please Return To:**

City of Mill Creek  
Parks & Recreation  
15728 Main Street  
Mill Creek, WA 98012  
[kristens@cityofmillcreek.com](mailto:kristens@cityofmillcreek.com)  
425-921-5779