

CITY OF MONTEBELLO RECREATION & COMMUNITY SERVICES DEPARTMENT

CLASS PROPOSAL

INSTRUCTOR INFORMATION

Applicant's Name:			
Email:		Date of Bi	rth:
Address:			
City:	Zip:		Phone:
Business or Organization affiliati	on:		
Website Address:			
Relevant Experience:			
PROPOSED CLASS INFORM	<u>MATION</u>		
Class Name (As will appear in th	e Activity Brochure	e):	
Class Description:			
What are students expected to b	ring/wear to class:		
Olassa Ohiastinas			
Class Objective:			
Class Age Range:	Class Min:	Class Max:	Materials Fee (If any):
Proposed Class Day:	Pro	oposed Class Time:	
Number of Class Meetings:	Nu	umber of weeks to comple	te session:

PROPOSED CLASS INFORMATION (continued)

This pr	ogram can be offered:	
Fall	Winter Spring Summer All Year	
lf a ma	erial fee is needed, please list materials participants are paying for:	
Materia	l or equipment participants must provide (If any):	
CLAS	S LOCATIONS	
(Please	indicate 1 st choice, 2 nd choice, etc. as your 1 st choice may not be available.)	
1.	Ashiya Park	
2.	Chet Holifield Park	
3.	City Park	
4.	Grant Rae Park	
5.	Henry Acuna Park	
6.	Potrero Heights Park	
7.	Reggie Rodriguez Park	
8.	Sanchez Adobe Park	
9.	Taylor Ranch Park	
Other a	gencies/organizations you have contracted with or worked for (if relevant):	

1	Supervisor's Name:	Phone: ()
2	Supervisor's Name:	Phone: ()

Please attach a copy of your resume, certificates, or any supplemental information if it pertains to your proposed activity.

Return forms to:	Return	forms	to:
------------------	--------	-------	-----

Recreation and Community Services Department, City of Montebello 1700 W Victoria Ave. Montebello, CA 90640 Please call (323) 887-4540 or email <u>nhernandez@cityofmontebello.com</u> with any questions.

Signature of Applicant

Date

Submittal of forms does not guarantee proposal will be accepted.