



**CITY OF MURRIETA
COMMUNITY SERVICES DEPARTMENT**

41810 Juniper St., Murrieta, CA 92562 – Community Center
5 Town Square, Murrieta, CA 92562 – Senior Center
Main CSD Phone: 951-304-7275 (PARK)

NEW RECREATION CLASS PROPOSAL FORM

Please note: Approval for classes and facility times will be determined by a number of factors (i.e. facility, time/date availability, equipment needs, etc.). Final approval is determined by designated Community Services Department staff.

SESSION - Check One:

Spring/Summer Fall/Winter Other: _____

Number of weeks per session: _____

INSTRUCTOR INFORMATION:

Last Name:		First Name:		Middle Initial:
Street Address:			City, State & Zip Code :	
Cell Phone:		<input type="checkbox"/> Check box if okay to receive texts.	Other Phone:	
Email Address:				

CLASS INFORMATION: Check box if class is for seniors (50+) only; if checked skip min/max participant ages below.

Class Title:		Class Fee:	
Number of Class Meetings Per Week:		Preferred Days of the Week:	
Class Start Time:		Class End Time:	
Minimum Participant Age:		Maximum Participant Age:	
Minimum Number of Participants:		Maximum Number of Participants:	
Do participants need supplies for the class? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please check only one box below that applies: <input type="checkbox"/> Provided by the instructor, and included in the course fee. <input type="checkbox"/> Supply list provided at registration for participants to purchase.*		*List the supplies for participants to purchase:	

Please provide a class/course description (limit to 25 words or less):

FACILITY INFORMATION – Check facility needed:

Community Center Multi-Purpose Room Senior Center Multi-Purpose Room Field
 Community Center Kitchen Senior Center Kitchen
 Community Center Stage
 Community Center Annex Other – Name or Type of Facility: _____



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EQUIPMENT INFORMATION:

Will instructor provide the equipment needed? Yes No** *If No, list quantity and item(s) below.*

****There is no guarantee that requested equipment is available for use. If equipment is not available, the instructor will be notified.**

List quantity and item(s) below (e.g. 15 Chairs, 2 Tables, etc.):

WORK EXPERIENCE/REFERENCES

Experience/References will be verified; include only if pertains to the position you are applying for.

1) Employer/Organization:		Length of Time at Employer/Organization (Yrs/Months):	
Street Address:		City, State & Zip Code :	
Work Phone:	Cell Phone, if available:	Email Address:	
Brief Description of Duties/Tasks:			

2) Employer/Organization:		Length of Time at Employer/Organization (Yrs/Months):	
Street Address:		City, State & Zip Code :	
Work Phone:	Cell Phone, if available:	Email Address:	
Brief Description of Duties/Tasks:			

If applicable, list other experience or skills relevant to the proposed class:

ACKNOWLEDGEMENT:

On this _____ day of _____, 20____ I hereby certify that all information provided by the above mentioned contractor is accurate and complete.

Print Name

Signature