



PROGRAM PROPOSAL FORM: Please fill out one proposal form for each program submitted.

Program Instructor(s): _____

Company/Business Name (if applicable): _____

Mailing Address: _____

City, State, Zip: _____

Home Phone: _____ Cell: _____

Work Phone: _____ E-mail: _____

Tax I. D. #: _____ OR Social Security #: _____

Program Description

Program Type:	Ages 2-5	Elementary	Middle School	High School	Adult	55+
<i>Sports</i>						
<i>Education</i>						
<i>Health and Fitness</i>						
<i>Workshop/Class</i>						
<i>Other</i>						

1300 Thomas St Hampton, VA 23669

myhthomas@gmail.com

757-727-1200



Program title: _____

General program/course description:

Goals of the program:

Day(s) of the week: Mon Tues Wed Thurs Fri Sat Sun

Time (i.e. 7:00-9:00 p.m.):

Dates of the program:

Length of the program (of # classes/weeks):

Type of room/space needed:

Materials needed by the participants (if any):

Do you have business insurance? Yes No With who? _____

What is your insurance policy# _____

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Instructor Experience/Qualifications (you may attach a resume)

Have you taught this program before? _____ If so, where?

References: Please include at least three references (two professional and one personal)

	Name	Relationship	Year(s) Known	Contact Number
1				
2				
3				

Additional comments/remarks:

I certify that the facts contained in this application are true and complete to the best of my knowledge and

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understand that, if employed; falsified statements on this form shall be grounds for dismissal.

Signature _____ Date

To submit form email, mail, or drop off

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