

Town of South Windsor, Connecticut
South Windsor Parks & Department
(860) 648-6355 Fax (860) 648-5048

New Program Proposal Form

Name of Contractor/ Program Provider: _____

Address: _____

Phone: _____ Email: _____

Name of Proposed Class _____

Brief description of proposed class:

What is or are the benefit(s) to the participants?

What are your preferred days and times to run this class?

How long would each class run(length of class, number of weeks)?

What rate of pay are you looking for? Per person? Per class? _____

What would be your minimum and maximum number of participants? _____

Does this class require a particular type room or any special equipment or flooring? If yes, please specify.

Do you have a back-up substitute to cover your class in the event that you cannot make a class? If yes, who? (Please include contact information).

What would be your minimum/maximum age requirement?

Are you insured? _____ Is your business insured? _____

What is your preferred refund policy?

How will you handle make-up classes?

Have you, or any of your associates ever been convicted of a felony? If yes, explain?
(If hired, you will be subject to a background check.)

What are your, your associates and /or your substitute's credentials/certifications that appropriately qualify you to deliver this program? Please attach documentation.

Please list any references and phone numbers.

All classes are subject to South Windsor Parks & Recreation Department Approval.