



Contract Instructor's Proposal Form



Name of Class:

Program Information

This information represents the Instructor's "ideal", and is intended as a starting place for discussions between the Recreation Department and the Instructor.

Course Length* (1 day, 4 weeks, 6 weeks, etc.);

Time:

****Please schedule course dates according to the session schedule-attached***

Course Dates:

Day(s) of the Week:

Location (or type of facility):

Minimum Enrollment:

Maximum Enrollment:

Age ranges:

Instructor Take-Home Per Student Fees:

Lab Fee (if applicable):

**Department will add on \$16 administration fee and Department 40% to your listed fee*

Class Description (Please e-mail class descriptions to: coconnell@ci.millbrae.ca.us)

Instructor Information - ALL INFO MUST BE FILLED OUT

Instructor Name:

Address:

Home Phone:

Cell:

Fax:

E-mail

Please complete this form and return to:

Charlene O'Connell
Recreation Coordinator
Millbrae Recreation Dept.
623 Magnolia Ave
Millbrae, CA 94030
(650) 259-2371
coconnell@ci.millbrae.ca.us

FOR OFFICE USE ONLY

Registration Fee \$:

NR Fee \$:

Senior Res Fee \$:

Senior NR Fee \$: