## Charles County Recreation, Parks, and Tourism Course Proposal for Class Instructors

(Please complete entire form)

Contractor's Name:		Date:								
Business/Organization	n:									
Address:				City:			State:	Zip:		
Day Time Phone:				Evening Phone:						
To whom should checks be made payable?				Contractor Non-Contractor						
Email Address:				Website:						
Course Title:										
Detailed Course Descr	ription:									
Please provide a two-	sentence course	descripti	ion to ap	pear in the Cha	rles Cou	nty Recr	eation Prog	gram Guide.		
Particinant's Age										
Participant's Age:				Proposed Loss	ntion(s):					
Proposed Date(s):			Proposed Location(s):			C-	C			
M Time (a):	Tu	W	DN 4	Th	F	0.04	Sa	Su		
Time(s):		AM	PM	to		AM	PM			
Number of Sessions:				Course Fees:						
Maximum Number of	Minimum Number of Participants per Class									
Lab Fee or Supplies Fe (This fee is not included in		aid directly	No to the co	•	how mu	ch?				
Equipment Requireme	ents (i.e. tables, c	hairs, co	mputers	s, stage, sound s	system, e	etc. Plea	se include t	otals where needed.		

Please compile below a list of names, addresses, and telephone numbers of at least three past customer references.								
1.	Name:		Phone Number					
	Address:	City:		State:	Zip:			
2.	Name:		Phone Number:					
	Address:	City:		State:	Zip:			
3.	Name:		Phone Number:					
	Address:	City:		State:	Zip:			
Signatu	ure:							
Date:								
	fice Use eceived:							
Initials								
Assign	to Date:							
Commo	ents:							

Please attach a copy of your resume if it pertains to your class or program.