

# MARGATE

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## PARKS AND RECREATION

### Partnered Program Proposal

COMPANY NAME (if applicable): \_\_\_\_\_

TYPE OF ACTIVITY/CLASS: \_\_\_\_\_

INSTRUCTOR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ / \_\_\_\_\_  
(Primary) (Secondary)

#### **FACILITY REQUESTED:**

Primary Request (list name of facility and/or park): \_\_\_\_\_

Secondary Request (list name of facility and/or park): \_\_\_\_\_

#### **DAYS REQUESTED:**

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

TIME OF ACTIVITY: \_\_\_\_\_

MAXIMUM NUMBER OF PARTICIPANTS (per class): \_\_\_\_\_

PROGRAM FEE: \_\_\_\_\_

PROGRAM DATES: \_\_\_\_\_

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**SCOPE OF SERVICE** (please provide us with a brief description of your intended class or activity, including age groups, what participants can expect to learn or gain, etc.):

## **FOR OFFICE USE ONLY:**

- Insurance Submitted  Background Checks Completed
- Proposal Filled Out and Signed

Approved: \_\_\_\_\_  
Dept. Head or Designee

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Date