

Leisure Class Instructor Proposal and Application

Please complete this leisure class proposal and application and submit to the City of Santa Ana Parks, Recreation and Community Services Agency. Once your application has been reviewed, you may be asked to appear for an interview. If you have questions about completion of this form or the leisure class process, contact Donna Schultze at (714) 571-4258 or Dschultze@santa-ana.org.

PERSONAL & BUSINESS INFORMATION

Name:		Social Security Number: - -	
Address:			
Street	City	State	Zip
Phone: Day () ()	Evening () ()	Cell () ()	Fax () ()
Email Address:		Tax ID #:	
Which of the following best describes your legal business capacity (please call if you have questions): <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Non-Profit Public Benefit Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other:			
Legal Name of Contract Signer:			
Legal Title of Contract Signer:			

CLASS INFORMATION

Class Title:	
Please write a short, concise, yet descriptive paragraph about your class that can be used in our brochure:	
Facilities Needed: <input type="checkbox"/> Gym <input type="checkbox"/> Kitchen <input type="checkbox"/> Pool <input type="checkbox"/> Classroom <input type="checkbox"/> Multi-Purpose Room <input type="checkbox"/> Field <input type="checkbox"/> Other (please describe): _____	
Minimum space dimensions of facility: ___ x ___ feet	Capacity: ___ persons
Meetings per week:	Number of weeks: Total Number of class meetings:
Length of each class meeting: hrs/minutes	Time needed for set-up/tear down: hrs/minutes
Preferred day(s) of the week: <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun.	Preferred time(s) of day: <input type="checkbox"/> AM <input type="checkbox"/> PM
When would you be able to start your class?	How many times throughout the year will you repeat your class? 0
Minimum student age:	Minimum number of students:
Maximum student age:	Maximum number of students:
Supplies needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are materials provided by instructor for a materials fee payable to instructor, or will instructor supply a list of materials for student to purchase? Please explain. If materials fee is required, please list cost:	
Equipment needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete: : Type: Quantity:	
Recommended Class Fee: per: <input type="checkbox"/> Class <input type="checkbox"/> Month <input type="checkbox"/> Session <input type="checkbox"/> Other	

INSTRUCTOR INFORMATION

Experience in proposed activity:

Other related skills and/or education:

Experience working with the public (include paid and volunteer experience):

PLEASE NOTE

- Completion of this form does not guarantee that your proposal will be accepted.
- Final class schedules and locations are subject to availability of City facilities as determined by the Recreation Supervisor.

Please return completed form to:

City of Santa Ana Parks, Recreation and Community Services Agency
Attn: Donna Schultze
1825 W. Civic Center Drive
PO Box 1988 M-84
Santa Ana, CA 92703
Fax: (714) 571-4266
Email: DSchultze@santa-ana.org