

TCPUD DEPARTMENT OF PARKS AND RECREATION

PROPOSAL TO TEACH CLASS/ACTIVITY FORM

NAME: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

PHONE: (wk) _____ (hm) _____ (cell) _____

(fax) _____ (e-mail) _____

General Description of class/activity: _____

Facilities/Equipment Required: _____

Number of Students: (minimum) _____ (maximum) _____

Youth and/or Adult Class: _____ (ages) _____

Facility/Room Preferred: _____

Proposed Fee: \$ _____ per _____

Proposed Fee: \$ _____ per _____

PREFERRED SCHEDULE:

1) Dates _____

Days _____ Times _____

2) Dates _____

Days _____ Times _____

3) Dates _____

Days _____ Times _____

Your qualifications (Attach resume or other documents if applicable) _____

Signature _____ Date _____

Return Form To: TCPUD, Department of Parks and Recreation, P.O. Box 5249,

Tahoe City, CA 96145 or Fax To: 530 583-8452

