



New Program Application (Rec or Arts & Culture)



RDOS Recreation welcomes anyone who may be interested in offering specialty programs that align with our ongoing goal of striving for healthy individuals and communities. If you are interested in proposing a new recreation program, please complete this form and await a response from the appropriate Recreation Coordinator.

**Please note that while we appreciate your application, there are factors to consider when setting up programs, such as variety, age, and logistics of space, and as a result there are times when not all programs can be accepted.

Contact information	
First and Last Name:	
Email :	
Home Address:	
Home Phone:	
Work Phone:	
Cell Phone:	
Qualifications and History	
List all relevant qualifications, certifications, and experience useful for instructing your specific program (include expiry dates if applicable):	
Briefly describe the background of your organization and/or program. Indicate if this is a first-time program and briefly tell us why you feel you are qualified to teach and how it will benefit the community:	
Reference 1 Name & Phone #:	
Reference 2 Name & Phone #:	

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Program Information			
Suggested program title:			
Suggested location – specify area and desired location/facility (i.e. OK Falls, Zen Centre):			
Program description (limit to 50 words – sell your program!):			
Day/s of the week:			
Start time:		End time:	
Session 1 start date:		Session 1 end date:	
Session 2 start date:		Session 2 end date:	
Session 3 start date:		Session 3 end date:	
Skipped dates (stats):			
Minimum Age:		Maximum Age:	
Setup and take down time required?			
Please list equipment required.			
Budget			
Suggested registration fee?			
Suggested minimum # of registrants?			
Suggested maximum # of registrants?			
Does the program require any additional fee for supplies or training materials (i.e. manual)? If yes, how much?			
What do you want to be compensated for this service? (Flat rate amount, revenue split, volunteer)?			
Insurance: Do you have your own insurance coverage?			
WCB: Do you have your own WCB coverage? If so what is the number?			
Other comments :			

Office use only	Date received:	Coordinator: