



Cultural Class/Camp/Workshop Proposal

Please complete the class proposal form for each proposed class, camp, or workshop indicating specific season and session dates. Submit a completed proposal prior to seasonal deadlines to Parker Arts Education at PACEdu@parkeronline.org.

Select Programming Season Specific to this Class Proposal:

FALL (September – December) Deadline: May

WINTER/SPRING (January – April) Deadline: May

SUMMER (May – August) Deadline: December

Contractor Name: (dba) _____

Submittal Date: _____

Contractor Name as Written on W9 _____

Attach W9 to Proposal

Contact: _____

Email: _____

Phone Number: _____

Website: _____

Mailing Address: _____

Street / P.O Box

City, State, Zip

Instructor Names: _____

Phone: _____

Email: _____

Background Screen Date: _____

Phone: _____

Email: _____

Background Screen Date: _____

Phone: _____

Email: _____

Background Screen Date: _____

Instructor Bio or Organization Mission:

Contractors must confirm the following requirements to contract with Town of Parker:

Yes, I carry Limited Liability Insurance and will provide a certificate naming the Town of Parker as additionally insured.

Yes, myself and my staff are fully background screened and I can provide an affidavit stating completed screens.

Yes, my business is registered with the Colorado Secretary of State.

Class/Camp Title: _____

Level: (Beg./Int./Adv.) _____

Class/Camp Description: (Content will be printed online and in brochure. Content will be edited for grammar and space limitations.)

List Skills Learned or Program Benefits: _____

Student Age Range: _____ Number of Instructor(s): _____ Required: 10:1 Ratio for ages 5-12 and 12:1 Ratio for ages 13-17

Enrollment Minimum _____ Enrollment Maximum _____

Class Fee: \$ _____
Note: **Contractor retains 60% of this fee.** 10% is added to non-resident fees.

Additional Student Supply Fee Paid to Contractor: (If applicable.) \$ _____
Note: Contractors must provide all necessary equipment and supplies for class curriculum.

Supply List for Students to Bring to Class: (If applicable.) _____

Classroom Equipment Requested:
(Number of tables, chairs, whiteboard, AV.) _____

Proposed Class Date(s) (Proposed dates are not guaranteed.)

Class Dates: _____ Number of Weeks: _____

Day of the Week: _____ Time: _____

Class Dates: _____ Number of Weeks: _____

Day of the Week: _____ Time: _____

Class Dates: _____ Number of Weeks: _____

Day of the Week: _____ Time: _____

Does this Class end in a showcase/performance? _____

If yes, include: Date: _____ Time: _____

Equipment Required: _____

Thank you for your class proposal submittal. A response will be provided within 30 days of receipt.