

Westborough Recreation Department

Program Proposal

Instructor Name:		Date:	
Group/Company Name:			
Address:			
Phone:			
E-mail:			
Instructor Background:			
Program Description			
Program Specifics			
Cost:			
Dates:	Times:	Days of week: Su M T W TH F S	
Location:			
Facility/Equipment requirements:			
•			
•			
•			
•			
Participants:			
1. MIN:		MAX:	
2. Ages:			
3. Student/Teacher ratio:			

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Insurance:

Instructor/Company must provide a copy of liability insurance, must list Town of Westborough additionally insured for liability during program sessions as outlined. Copy of liability insurance to be turned in prior to the start of the program

Other:

- All instructors must fill out a CORI form before the start of the program
- Please provide at least two references

Reviewed By:		Date:	
Approved By:		Date:	
Contract Signed:		Date:	