



Contract Instructor - Class Proposal for 20_____

| | | | |
|------------------------|--|--------------------|--|
| Name: | | Address | |
| Business (DBA): | | City, Zip | |
| Website: | | Main Phone: | |
| Email: | | Cell Phone: | |

| Current Licences, Certification or Registrations (Please attach current copy) | Date Received |
|---|---------------|
| 1) | |
| 2) | |

Instructor Biography (Years of experience, certifications, trainings. Please attach current résumé)

References:

| Name | Business/Title | Phone Number |
|------|----------------|--------------|
| | | |
| | | |

Class Title: _____ **Facility Preference:** _____

Program Description (Be Specific) - Give a brief description of your class/program. Add attachments as necessary (i.e. class flyers)

Student goals, objectives and/or accomplishments for the class/program

For Consideration Only - Special Facility Request (Room size, tables, chairs, mats, etc.)

Class Day: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Number of Hours per Class: _____ **Preferred Class Time:** _____

Minimum Students: _____ **Maximum Students:** _____ **Age Range?** _____ to _____ years

Session Price Range: \$ _____ to \$ _____ **Session Length:** # of classes: _____ # of weeks: _____

Example: \$5 to \$50; (Allow for growth/demographics)

Drop-In Price: \$ _____ (if applicable) **Additional, outside class costs:** \$ _____ (if applicable)

Check here if you have lived outside of the State of Texas within the last 10 years.

I certify that I have made no misrepresentation in this proposal and I have not withheld information in my statements and answers to questions. I hereby authorize the City of Austin to investigate and verify any representations made by me, either orally or in writing. I hereby release the City, and any individual who provides or obtains information pursuant to this authorization, from any and all liability for damages of any kind which may result to me on account of compliance, or attempts to comply, with this authorization. I am also aware that my proposal is subject to the Texas open records law and may be released as a public document. I also understand that this proposal is the property of the City of Austin.

Signature of Contractor: _____ **Date:** _____

(A completed form returned by email will be considered signed)

Printed Name of Contractor: _____

Three ways to return this completed form:

Fax - (512) 978-7508

Mail - Austin Parks and Recreation

ATTN: Lonnie Lyman

Email - lonnie.lyman@austintexas.gov

200 South Lamar

Austin, TX 78704

For more information, Contact Lonnie Lyman at (512) 974-3921