

Revere Parks & Recreation Department
150 Beach Street | Revere, MA 02151
(781) 286-8190|RevereRec@Revere.org



Program Proposal Form

Program Title: _____

Please Circle Season: Fall Winter Spring Summer

Instructor/Organization Name: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

Federal Tax ID # or Social Security Number: _____

Instructor Salary Rate: _____ per hour OR _____ per person OR _____ Flat Fee

Program Description:

Age/Grade Level of Participants: _____ Time of Class: _____ Number of Weeks: _____

Program Start Date: _____ End Date: _____ Class Duration: (i.e.-1 hr) _____

Any Days Program Would Not Run? (i.e. – Holidays, Early Release Days, etc): _____

Minimum # For Class: _____ Maximum # For Class: _____

Space Required: _____

Equipment/Supplies Needed: _____

Program References:

Please list references who can attest to your ability to teach the proposed program.

Name: _____

Phone Number: _____

Email Address: _____

Name: _____

Phone Number: _____

Email Address: _____