



# Contract Instructor's Proposal Form



Name of Class:

## Program Information

This information represents the Instructor's "ideal", and is intended as a starting place for discussions between the Recreation Department and the Instructor.

Course Length\* (1 day, 4 weeks, 6 weeks, etc.);

Time:

***\*Please schedule course dates according to the session schedule-attached***

Course Dates:

Day(s) of the Week:

Location (or type of facility):

Minimum Enrollment:

Maximum Enrollment:

Age ranges:

Instructor Take-Home Per Student Fees:

Lab Fee (if applicable):

*\*Department will add on \$16 administration fee and Department 40% to your listed fee*

Class Description (Please e-mail class descriptions to: [mbates@ci.millbrae.ca.us](mailto:mbates@ci.millbrae.ca.us))

# Instructor Information - ALL INFO MUST BE FILLED OUT

Instructor Name:

Address:

Home Phone:

Cell:

Fax:

E-mail

## Please complete this form and return to:

Charlene O'Connell  
Recreation Coordinator  
Millbrae Recreation Dept.  
477 Lincoln Circle  
Millbrae, CA 94030  
(650) 259-2371  
coconnell@ci.millbrae.ca.us

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### FOR OFFICE USE ONLY

Registration Fee \$:

NR Fee \$:

Senior Res Fee \$:

Senior NR Fee \$: