DEARS  Daytime Education at Recreation for Seniors Program Proposal

Penfield Recreation Department
ATTN: Pam Mount
1985 Baird Rd.
Penfield, NY 14526
585-340-8655 PH
585-340-8617 FAX

Instructor’s Name________________________________________________________
Address:________________________________Telephone_______________________
Cell________________________E-mail_______________________________

Program Title___________________________________________________________
Class content/description__________________________________________________

Class Category

<table>
<thead>
<tr>
<th>Literature</th>
<th>Science/Nature</th>
<th>Languages</th>
<th>Philosophy</th>
<th>History</th>
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<tr>
<td>World Cultures</td>
<td>Travel</td>
<td>Writing</td>
<td>Hobby</td>
<td>Special Interests</td>
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Total number of instructional hours_____

How often do you propose to meet?_______times per week for_______weeks

Other (i.e once a month, one time only, etc)._______________

Length of each class___________ Min./Max. Participants per class_________/_______

Classes to be held __________Weekdays __________Weekends

Hours:__________Morning___________Afternoon
What program equipment do you need, if any, to operate this class? __________

What is a reasonable fee to charge participants for this class? __________
(Please note that Penfield Recreation will take 20% of total class revenue to cover operating costs.)

Have you instructed this class before? __________

Program proposals are due back to the Penfield Recreation Dept. by June 6th so we may include them in our Fall program brochure.

THANK YOU FOR YOUR INTEREST IN BEING A PART OF DEARS. WE WILL CONTACT YOU AFTER RECEIVING THIS FORM.

FOR ADDITIONAL INFORMATION PLEASE CONTACT DEARS COORDINATOR PAM MOUNT AT 340-8664.