



Program Proposal Form Cook Street Village Activity Centre

1 – 380 Cook Street Victoria BC V8V 3X7

Email: khenry@cookstreetvillageactivitycentre.com

Tel: (250) 384-6542 **Fax:** (250) 384-7156

Date: _____

Instructor Name: _____

Contact #: _____ E-mail: _____

Mailing address: _____ Postal code: _____

Name of program: _____

Session (Circle sessions that apply): Sept-Dec 2016 / Jan- Apr 2017 / May-Aug 2017

Program description (approx. 30-40 words to attract participants):

Age range of participants: (e.g. adult /senior) _____

Cost of program (per participant): _____ # of participants (min): _____ (max): _____

Suggested revenue split (Instructor/Centre, e.g.60% - 40%) _____

Suggested day of the week: _____ Start date: _____ Time frame: _____

Second choice day, date & time: _____

Number of classes: _____ Concurrent sessions? Yes / No _____

Equipment/materials instructor supplies: _____

Equipment/space our Centre supplies: _____

Cook Street Village Activity Centre Contractor Requirements

- Resume with references
- Current criminal record check
- All relevant/required certifications
- Liability Insurance (if applicable) with the C.S.V.A.C. named as additional insured
- Complete and submit to Karen Henry, Program/Volunteer Manager in person or via email.