



Highgate Parks and Recreation
PO Box 189
Highgate Center, VT 05459
recdirector@highgatevt.org 802 868 4406

Program Proposal Form

Contact Information:

Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Instruction Bio and qualifications: _____

Proposed Program Information:

Title of Program: _____

Description of Program:

Length of each class/session (hours): _____

How many sessions: _____

Preferred day(s): _____ Monday _____ Tuesday _____ Wednesday

_____ Thursday _____ Friday _____ Saturday _____ Sunday

Time of year/Arena surface: _____ Ice (September-March)

_____ Turf (March-June)

_____ Cement floor (June-September)

Age of target participants: _____

Minimum enrollment: _____ Maximum enrollment: _____

Instructor Compensation: \$ _____ per participant

Additional information: (What equipment/items/supplies will participants need to bring:

Thank you for your interest in offering programs with Highgate Parks and Recreation Department. Please complete this proposal and return to us, along with a copy of your current certifications or resume.

July 2023