



Town Of Essex – Recreation Services Program Proposal Form

Instructor Information			
Organization Name:			
Instructor First Name:		Instructor Last Name:	
Address:		City:	Postal Code:
Home Phone Number:		Work Phone Number:	
Email Address:			
Please summarize your qualifications relevant to the program you are proposing.			
Cost for instructor: _____ /Hour _____ /Week _____ /Course			
Program Information			
Name of Proposed Program:		Program Type:	
Age Range of Participants:		Maximum Enrolment:	
Description of Program (Please attach a summary of the weekly summary of the program also):			
Indicate Program Type: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Special Event (Once) <input type="checkbox"/> Other			
If you selected other above, please explain:			
Requested dates and times (Please list in order of preference):			



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Program Equipment Information

Please provide a summary of required materials:

Cost for materials:	/Course	/Participant
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Additional Information

Please provide any additional comments to promote your program:

Please submit completed forms to:

Jason Jolicoeur
Assistant Manager – Programs
Town of Essex – Recreation Services
242 Talbot St. N.
Essex, ON N8M 2E1
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Fax: 519-776-9528
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