



Continuing Program Application

A continuing contractor has already proposed a program which has been accepted and offered through the Sunshine Coast Regional District. They have completed relevant documentation (Criminal Record Check, Certifications, etc.) and are applying to offer the course again in the next session.

Contact information – If you are filling out more than 1 form, you only need to fill in your full name for the rest of the forms.			
First and Last Name:			
Email:			
Street Address + postal code:			
Home Phone:			
Work Phone:			
Cell Phone:			
Program information			
Program Title:			
Facility:		Room:	
Day(s) of the week:			
Class start time:		Class end time:	
Session 1 start date:		Session 1 end date:	
Session 2 start date:		Session 2 end date:	
Session 3 start date:		Session 3 end date:	
Skipped dates (example: stats)			
Minimum Age:		Maximum Age:	
Setup and take down time required?			
Please list equipment required.			
<input type="checkbox"/> Included in MYPass (limited) <input type="checkbox"/> Registration Only <input type="checkbox"/> Registration allowing drop ins			
Budget			
Suggested per class or session registration fee?			
Minimum # of registrants?			
Maximum # of registrants?			
Does the program require any additional fee for supplies or training materials (ie: manual). If yes, how much?			
What do you want to be compensated for this service? (Flat rate amount, or revenue split, volunteer, etc)?			
Insurance: Do you have your own insurance coverage?			
WCB: Do you have your own WCB coverage? If so what is the number			
Other comments:			

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