

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 season.

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 (please print):			
Street Address + postal code:			
Home Phone:			
Work Phone:			
Cell Phone:			
Program information			
Program Title:			
Facility: ☐ Gibsons & Area Community Centre ☐ Sechelt Aquatic Centre ☐ Sunshine Coast Arena ☐ Pender Harbour Aquatic & Fitness Centre ☐ Gibsons & District Aquatic Facility			
Day(s) of the week:	☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun		
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:			
☐ Included in MYPass (drop-in) ☐ Registration Only ☐ 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?			
Insurance: Do you have your own insurance coverage?			
WCB: Do you have your own WCB coverage? If yes, what is the number?			
GST: Do you have your own GST registration number? If yes, what is it?			
Other comments:			