

Program Information Services Form

7650 Grand Street, Mission, BC V2V3T3
Phone: 604-820-5350 Fax: 604-826-4396
www.mission.ca

Contact Information

Contact Person Name: _____

Company/Organization Name: _____

Address: _____

Home Ph#: _____ Work Ph#: _____ Fax: _____

Email: _____

Website: _____

Qualifications and History

Please provide a description of the program _____

_____.

Please list all of the relevant qualifications and certifications useful for instructing your specific program.

Briefly describe the history of your organization and/or program. If it is a first time program briefly tell us why you feel qualified to run it. Also include two references in the space provided.

Please attach any other material that would be of value when considering this program.

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Program Information

What age group is the program designed for?

Preschool **School Age** **Youth/Teen** **Adults** **Seniors**

What day(s) of the week would you like to program to run on?

Mon **Tue** **Wed** **Thu** **Fri** **Sat** **Sun**

What is the maximum number of participants that could register for this program? _____.

What time of day will the program start? _____
(Please provide at least to options)

How long will each session run?

.5 hour **.75 mins.** **1 hour** **1.5 hours** **2 hours**

How many weeks will the program run?

4 **6** **8** **10** **12**

What do you believe is a reasonable price for this course? _____.

What are your space requirements? Do you require any special supplies or equipment to facilitate this program (ie. projector, stereo, mats etc)?

_____.

Please drop off completed forms at the Leisure Centre reception or email it to leisureservices@mission.ca. The Program Coordinator will contact you if we are interested in offering this program in our up and coming program session. All contract information services forms are kept on file for 1 year.

Important Note: Before commencement of the program the Contractor must provide the following:

- copy of a Mission Business License
- a copy of commercial liability insurance (min. \$3,000,000) with the "District of Mission" named as additional insured.
- Criminal record checks for contractor and all employees working directly with the program completed prior to the start of the program.