



San Gabriel  
CITY WITH A MISSION

City of San Gabriel San Gabriel Community Services • 250 South Mission Drive • San Gabriel  
91776 • 626.308.2875

# Course Activity Proposal

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ California Driver's License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Languages: Spoken Fluently \_\_\_\_\_ Written \_\_\_\_\_

To whom should checks be made payable? \_\_\_\_\_

Email address: \_\_\_\_\_ Website address \_\_\_\_\_

Course Title(s) \_\_\_\_\_

Course objectives \_\_\_\_\_

\_\_\_\_\_

List up to three program outcomes using measurable words such as define, demonstrate, accomplish...

*"As a result of participating in this program, students will be able to..."*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Please describe your program in 30 words or less. This description may be used for promotion in

Department fliers, press releases and activity guides. Use additional sheets as necessary \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Class fee \$ \_\_\_\_\_ + \$13 General Fund fee + \$3 Non Resident fee = \_\_\_\_\_ per course

Tennis classes add \$2 maintenance fee; Performing classes add \$2 Dance Show fee

Lab / supplies fee not included above \$ \_\_\_\_\_ Participant age range \_\_\_\_\_

Class length:  1 day  2 Days OR Circle one: 4 5 6 7 8 9 10 Weeks

Time: \_\_\_\_ am/pm to \_\_\_\_ am/pm Class Days: M T W TH F SA Max / Min Students \_\_\_\_\_

Room / Facility requirement: \_\_\_\_\_

The previous information represents the instructor's preferences only. San Gabriel Community Services (SGCS) maintains final approval on all class negotiations. SGCS will retain 25% of class fees unless otherwise negotiated. SGCS may change fees to ensure cost recovery.

Please provide two references that are familiar with your abilities and qualifications.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list your previous experience in providing this type of service

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High School Name and Location \_\_\_\_\_ Did you Graduate \_\_\_\_\_

College Name / Training / Certification	Dates Attended	Degree / Certification Earned	Major

Have you ever been convicted of a felony or misdemeanor? Yes No

Have you ever been convicted of assault or a firearms violation? Yes No

If you answered yes to the above, please list all incidents below:

Conviction                      Approximate Date                      City & State                      Sentence or Penalty

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All answers and statements in this document are true and complete to the best of my knowledge. I understand that untruthful or misleading answers are cause for termination of my contract.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_