

Activity Request Form for Contract Programs

The information provided is a request only. Upon review of class needs, set-up and facility availability, you will be contacted if confirmed or offered an alternative. The information below will be used to advertise and create your program so please provide as much detail as possible. Questions or concerns can be directed to Ali at afreeman@tdrpd.org OR 530.550.4448. Thank you, we're excited to have you on the TDRPD Team!!

Name of class: _____

Day(s) of the week requested (number 1-3 for preference): M T W Th F Sa
Su

More than one day per week? Please specify meeting day and times

Meeting times
(am/pm): _____

Requested Facility:

Ongoing Monthly: Y N Starting Date: _____

Session Class: Y N How many weeks per session?

Please list start date and any skip dates:

Session 1:

Session 2:

Session 3:

Session 4:

Are they any known cancellation dates for your classes? (i.e. Holidays, personal vacations):

Class description for brochure (50 words or less):

Class description for Flyers, Facebook, ActiveNet and online registration can be unlimited text, please attach additional document.

Students need to bring to class:

We can now attach images and PDFs to the ActiveNet registration page. Any additional documents or images you'd like included please email to afreeman@tdrpd.org. Please send images in .jpeg format.





Special Set-up requirements: -

Receipt Text: *This is any important information that anyone who registers for the class needs to know (i.e. mandatory meetings, first meeting dates, parents meeting, schedules, etc.):*

Custom Questions: *Any information you need to know (i.e. experience level, clothing size, allergies, etc.):*

Contract instructor Information

Name: _____ DOB: ___/___/___ SS# ___-___-___

Address: _____ City: _____ State: _____

Zip: _____

Email: _____ Phone#: _____ Mail your check to this address?

Y N

Substitute Instructor(s): (must be fingerprinted/background checked as well)

Name: _____ Email: _____ Phone: _____

(____) _____

OFFICE USE ONLY

APPROVED BY:

DATE:

NEEDS: INSURANCE NEEDED? YES NO IF NEEDED
PROVIDED/PENDING/ALLIANT

PROVIDED:

CONTRACT Y/N

INS BASICS Y/N

BACKGR. Y/N

BACKGROUND Y/N

I-9 Y/N

NOTES:

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Name: _____ Email: _____ Phone: _____
(____)_____

Instructor Bio: (optional) We can post your bio with your classes for online registration. Let Truckee and our participants get to know you and your background a little better!

Other instructor requests or notes:



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