



Nevada City Parks & Recreation Program Proposal

Mail or Drop off proposal to:
317 Broad St. Nevada City, CA 95959 (530) 265-2496

Contact Information

For Parks & Recreation Dept:

Contact Person "Instructor": _____

Organization/Business: _____

Mailing Address: _____ City _____ Zip _____

Day Phone: _____ Alternate Phone: _____

Email: _____

For the Public (post on website, flyers, etc)

Instructor Name: _____

Phone #: _____

Email address: _____

Website address: _____

Program/Class Information

This information will be used to post your class on the City's website as well as to approve the class. So please give a description that can be used for marketing purposes. Fees can be per class, per month or however the instructor plans to collect fees.

Program/Class Title: _____

Dates/Days Requested: _____

Program times requested: Start _____ End _____

Set up time: _____ Clean up time _____

Instructor credentials/experience: _____

Name, relationship & phone # of 3 references: _____

Program/Class Description (attach additional sheet if necessary): _____

Instructor Fees _____ + City fees (30%) _____ = Total fee _____