



## Macdonald – Headingley Recreation District

### Program Proposal Form

Instructor Information			
Organization Name:			
Instructor First Name:		Instructor Last Name:	
Address:	City:	Postal Code:	
Home Phone Number:		Work Phone Number:	
Email Address:			
Please summarize your qualifications relevant to the program you are proposing:			
Cost for Instructor:                      /Hour                      /Week                      /Course			
Program Information			
Name of Proposed Program:		Program Type:	
Age Range of Participants:		Maximum Enrolment:	
Description of Program (Please attach a weekly summary of the program also):			
Indicate Program Type:              Daily              Weekly              Special Event (Once)              Other			
If you selected other, please explain:			
Requested dates and times (Please list in order of preference):			



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Program Equipment Information		
Please provide a summary of required materials		
Cost of Materials:	/Course	/Participant

Additional Information
Please provide any additional comments to promote your program:

### Please submit completed forms to:

Nicole McDonald  
Program Director  
Macdonald – Headingley Recreation District  
81 Alboro Street  
Headingley, MB  
R4J 1A3  
Phone: 204-885-2444  
Fax: 204-889-2211  
[info@mhrd.ca](mailto:info@mhrd.ca)