



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:								
<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">Cost for Instructor:</td> <td style="width: 33%; text-align: center;">/Hour</td> <td style="width: 33%; text-align: center;">/Week</td> <td style="width: 33%; text-align: center;">/Course</td> </tr> </table>				Cost for Instructor:	/Hour	/Week	/Course	
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):								
<table border="0" style="width: 100%;"> <tr> <td style="width: 25%;">Indicate Program Type:</td> <td style="width: 25%; text-align: center;">Daily</td> <td style="width: 25%; text-align: center;">Weekly</td> <td style="width: 25%; text-align: center;">Special Event (Once)</td> <td style="width: 20%; text-align: center;">Other</td> </tr> </table>				Indicate Program Type:	Daily	Weekly	Special Event (Once)	Other
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:

Karen Lough
Program Director
Macdonald – Headingley Recreation District
81 Alboro Street
Headingley, MB
R4J 1A3
Phone: 204-885-2444
Fax: 204-889-2211
info@mhrd.ca