

AVCSD RECREATION COMMITTEE • CLASS/EVENT PROPOSAL FORM

Title: _____ Responsible Party: _____ Contact # _____

Instructors (if diff.): _____

Chaperones: _____

Date(s): _____ Time: _____ Location: _____

Tuition/Fee per person: _____ Has this class been approved by the CSD before? (y/n)

Class/Event Description: _____

of Instructors/Adults: _____ # of Chaperones/Others: _____ Age(s) of students _____ Overnight? (Yes / No)

Is ratio of adults to students adequate? (Yes/No)

Minimum # of students needed to be self-sustaining: _____ Maximum # of students: _____

Safety considerations? (Yes/No) If Yes, describe: _____

Mitigation for safety concern, if applies _____

Are you requesting liability insurance coverage? (yes/no)

Are you requesting the CSD manage the class/event finances? (yes/no)

CLASS/EVENT BUDGET

INCOME:

Fee per student _____ x _____ students = _____; Donations _____ Other/Specify _____

EXPENSES:

Instructor Fee	_____	Transportation	_____
Fingerprints	_____	Parking/Tolls	_____
Supplies/Equipment	_____	Lodging	_____
Scholarships	_____	Food	_____
Facility Rental Fee	_____	Volunteer Stipend	_____
Admission Fees	_____	Other	_____

Total Income: _____ - **Total Expenses:** _____ = **Net:** _____

----- admin. use only -----

Rec Co. Approval: Yes /No Date: _____;

Rec Co. oversight person _____ GM Approval _____

- € Completed and signed Liability Release/Consent for Medical Form submitted to CSD.
- € Responsible Party/Instructors fingerprinted.
- € Fees submitted to CSD, if applicable