

**AVCSD RECREATION COMMITTEE • CLASS/EVENT PROPOSAL FORM**

Title: \_\_\_\_\_ Responsible Party: \_\_\_\_\_ Contact # \_\_\_\_\_

Instructors (if diff.): \_\_\_\_\_ email \_\_\_\_\_

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