



Dear Prospective Contract Class Instructor,

Thank you for seeking interest in offering class(es) to the Cypress Community. We are excited to see your new and exciting class(es) proposal(s) you have to offer, along with your personal information which includes your experience and education.

Please complete the enclosed documents and return, attention to Adrianna Hyta. If there is a need in the Cypress Community for the class you wish to offer than I will be contacting you after reviewing these documents. Thank you!



CYPRESS RECREATION AND COMMUNITY SERVICES
 5700 Orange Avenue, Cypress, CA 90630 (714) 229-6780
INDEPENDENT CONTRACT CLASS PROPOSAL



All independent contract instructors are paid on a 65%/35% basis. The contractor retains 65% of class fees and the City of Cypress, Recreation Community Services retains 35%. All class proposals will be carefully reviewed. You may be contacted for more information. Please use one (1) form per proposed class. Thank you for your interest.

NAME: _____

BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

DAY PHONE:(____) _____ CELL PHONE: (____) _____

PLEASE LIST ANY OTHER AGENCIES THAT YOU HAVE CONTRACTED WITH

Name of Agency:	Phone:	Current	Past
_____	(____) _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	(____) _____	<input type="checkbox"/>	<input type="checkbox"/>

PROPOSED CLASS NAME: _____

APPROPRIATE PARTICIPANT AGE FOR THIS CLASS: _____

LENGTH OF SESSION: _____ HOURS EACH CLASS WILL MEET: _____

DAYS OF THE WEEK: M T W TH F SA SU FEE: _____

Please submit an outline or syllabus of what this class intends to cover, or use the space provided below.

Please indicate any special facilities needs (i.e. sink, access to outside, etc):

Please return this form to the above address, attention Adrianna Hyta

INSTRUCTOR PERSONAL INFORMATION

NAME: Last	First	Middle	Other names used:
ADDRESS: No.	Street	City	State Zip
PHONE NUMBERS:			
Home _____ Business _____ Cell _____			
Email _____			
* Email addresses will be used only to communicate with instructors			
If the public has questions, can your telephone number be given out YES ____ NO ____			

WHO TO NOTIFY IN CASE OF EMERGENCY:		
Name: _____	Phone: _____	Relationship _____
Name: _____	Phone: _____	Relationship _____

COLLEGES or UNIVERSITIES ATTENDED	LOCATION	DATES ATTENDED	MAJOR/ MINOR	# OF UNITS	TYPE OF DEGREE
TRADE/BUSINESS SCHOOLS:					

What type of class(es) do you teach:

List any special training, licenses, certificates, and/or specific coursework experience you have that relate to the class(es) you will teach:

PLEASE LIST TWO PROFESSIONAL REFERENCES		
Name: _____	Phone: _____	Relationship _____
Name: _____	Phone: _____	Relationship _____

ADDITIONAL REMARKS:

SIGNATURE _____ **DATE** _____