



## Cherry Hill Recreation Department Class Proposal

The Recreation Department facilitates classes on a seasonal basis. Classes are held at the Croft Farm Arts Center, Carman Tilelli Community Center, School Buildings or an outside facility that you provide. Please complete the proposal below and attach a resume or additional information as necessary. Submit all information via email, mail or fax to:

Chris Marmo, Recreation Manager  
Cherry Hill Township Recreation Department  
820 Mercer Street, Room 102  
Cherry Hill, NJ 08002  
[cmarmo@CHtownship.com](mailto:cmarmo@CHtownship.com) 856-488-7868 856-488-7895 (fax)

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Business: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Proposed class title/subject: \_\_\_\_\_

Age/Grade population to be served: \_\_\_\_\_

Proposed Seasons (please circle all that apply):    SPRING                      SUMMER                      FALL                      WINTER

Proposed length of class: Week(s) \_\_\_\_\_ Day(s) \_\_\_\_\_ Time(s) \_\_\_\_\_

Minimum # of participants: \_\_\_\_\_ Maximum # of participants: \_\_\_\_\_

Are you or any other class instructor CPR/First Aid Certified?: \_\_\_\_\_

ADA laws require that a program must be able to make accommodations for handicap needs, is your program able to accommodate these needs? Please explain: \_\_\_\_\_

\_\_\_\_\_

Description of class: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Materials required for class (indicate how materials are provided?):**

---

---

---

**Classroom requirements** (Please indicate what type of space you need for this course, i.e.: open room, computer lab, chairs and desks/tables. Please also include any audio/visual equipment required.)

---

---

**\*Instructor Rate: \$ \_\_\_\_\_ PER STUDENT**

*\*Cherry Hill Twp. typically adds on 25% in administrative fees as necessary for all course proposals, in addition to instructor rate. Please note, class will not be able to operate if under break-even point after registration (i.e. under minimum # of participants), if applicable.*

**Recommended Class/Participant fee: \$ \_\_\_\_\_**

Please attach any program policies, rules and bylaws associated with the program in addition to your resume and program examples.

On behalf of this program, I understand all procedures, policies and rules associated with this request and accept legal and financial responsibilities involved in the use of any Cherry Hill Township facilities and/or equipment.

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_