Scarborough Community Services
Program Proposal Form

To prospective instructors: Please complete the following form to the best of your knowledge and return to Scarborough Community Services, either through mail, fax, email, or in person. *Please see addresses and numbers below.*

Instructor Name _____

Email _____

Home Phone _____ Cell Phone _____ Work Phone _____

Program Name _____

Start Date _____ End Date _____ Start Time _____ End Time _____

Day(s)

Mon	Tues	Wed	Thurs	Fri	Sat	Sun

Price per participant $ _____

Discount(s) available? **YES NO**

2nd child Multiple session Scholarship

Skip Dates _____

Min Enrollment _____ Max Enrollment _____

Age/Grade Range _____

Gender

Female	Male	Co-Ed

Program Description/Write Up:

Equipment/Special Needs:

Items to be supplied:

Please return form to Community Services:

Physical Address: 259 US Route 1, Scarborough, ME 04074
Mailing Address: P.O. Box 360, Scarborough, ME 04070-0360
Fax: 207-730-4165
Email Address: comserv@ci.scarborough.me.us

Disclaimer: Completion of this form in no way guarantees that a proposed program will be adopted by Scarborough Community Services. All prospective instructors will be informed whether their proposed program will run via email or phone call.

Please contact us at 207-730-4150 if you have any questions.