



CITY OF LIBERTY LAKE RECREATION SERVICES PROGRAM PROPOSAL FORM

For Office Use Only
Received
Program Number

22710 E Country Vista Drive, Liberty Lake, WA 99019 (509) 755-6726 Fax: (509) 755-6713

Instructor Name: *(must be 21+ years old)* Last: _____ First: _____

Company / Organization: _____

Mailing Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address

Program Information

Dates Requested: _____ **Time Requested:** _____ to _____
(Includes setup/teardown)

Program Name: _____ **Program Location:** _____

Please provide us with a description of your program & experience: _____

Min Enrollment: _____ **Min Age:** _____ **Total Fee(s):** _____ **Desired profit:** _____
(typically 85% of the total fee)

Max Enrollment: _____ **Max Age:** _____ _____

Please list any attachments you have: _____

This completed Program Proposal Form and attachments may be submitted by mail, fax, email, or in person at City Hall.

City of Liberty Lake City Hall
Recreation Services
22710 E Country Vista Drive
Liberty Lake, WA 99019

Phone: (509) 755-6703
Fax: (509) 755-6713

Email: mgriffin@libertylakewa.gov

I understand that a criminal background check will be performed and that all required materials must be submitted to Recreation Services prior to any required deadlines. Required materials may include a drivers license copy and background check for each individual involved with running a program, a W-9 form, City of Liberty Lake Business License, current liability insurance, and any other material as requested by the City. It is also understood that not all proposals will be approved. Failure to pass a background check, or comply with the above may result in termination, or denial of a program. I understand and agree to comply with the terms listed above.

Signature of applicant: _____

Date: _____



CITY OF LIBERTY LAKE PROGRAM PROPOSAL FORM

DATE RECEIVED: _____ RECEIVED BY: _____

INSTRUCTOR NAME: _____

ADDRESS: _____

PROGRAM NAME: _____

PROGRAM LOCATION: _____

CITY BUSINESS LICENSE REQUIRED: YES NO DATE SUBMITTED: _____

BACKGROUND CHECK (FEE):	NAME: _____	DOB: _____	M / F	PASSED?	YES	NO
N/A	NAME: _____	DOB: _____	M / F	PASSED?	YES	NO
	NAME: _____	DOB: _____	M / F	PASSED?	YES	NO
	NAME: _____	DOB: _____	M / F	PASSED?	YES	NO
	NAME: _____	DOB: _____	M / F	PASSED?	YES	NO
	NAME: _____	DOB: _____	M / F	PASSED?	YES	NO

INSURANCE SUBMITTED ON: _____ AMOUNT: _____

CONTRACT REVIEWED W/ APPLICANT ON: _____ COMMENTS: _____

CONTRACT APPROVED BY CITY COUNCIL? YES NO DATE: _____

COMMENTS: _____

CONTRACT SIGNED ON: _____ W-9 FORM SUBMITTED? YES NO

PROGRAM APPROVED? YES NO COMMENTS: _____

FILE NUMBER: _____ VALID BEGINNING: _____ ENDING: _____

STAFF SIGNATURE: _____ DATE: _____