



CITY OF LIBERTY LAKE RECREATION PROGRAM PROPOSAL FORM

22710 E Country Vista Drive, Liberty Lake, WA 99019 (509) 755-6714 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):** _____

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
22710 E Country Vista Drive
Liberty Lake, WA 99019

Phone: (509) 755-6714
Fax: (509) 755-6713

Email: jcamp@libertylakewa.gov

(*Service Provider retains 80% of registration fees; 20% goes to the City per an approved agreement)

I understand that a criminal background check will be performed and that all required materials must be submitted to the City of Liberty Lake prior to any required deadlines. Required materials may include a driver's 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: _____

(For Office Use Only)



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

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: _____