



GLASTONBURY
PARKS & RECREATION

TOWN OF GLASTONBURY
Parks and Recreation Department
2155 Main Street · PO Box 6523 · Glastonbury, CT 06033

VENDOR CLASS PROPOSAL FORM

VENDOR INFORMATION

Vendor Name: _____ Date: _____

Contact Person: _____ Phone Number: _____

Email Address: _____

PROGRAM OVERVIEW

Description of Program: Please provide a brief description of the program that will appear in the Parks and Recreation Program Brochure and Website. Information may be edited for printing purposes. If this program has been offered in the past, and a description has been submitted, we do not need a new one. If new description/updated description is needed, please include below. *Please include program name.*

PROGRAM DETAILS

Class Information	Session 1	Session 2	Session 3	Session 4
First Class Date				
Last Class Date				
Day(s) of the Week				
Number of Weeks				
Class Start Time				
Class End Time				
Dates Class will not meet				
Make Up Dates				

Program Location: 1st Choice: _____

2nd Choice: _____

3rd Choice: _____

Type of Room Needed (gym, cafeteria, classroom, fields, etc.) _____

Equipment Needed from organization (white board, projector, etc.) _____

Participants in Session

Minimum # _____ Maximum # _____

Vendor Fee: \$ _____
(What vendor will charge to organization)

Age/Grade Range _____

Other Information: Parent/Guardian Participation
 Parent/Guardian Required to Stay

Other Comments for Organization

NEW VENDORS ONLY:

Insurance: Are you able to provide insurance and a waiver of subrogation? _____

References: Where have you run this program in the past? In addition, please provide contact person information.

Signature of Applicant: _____

Date: _____