

CITY OF MORENO VALLEY  
PARKS AND COMMUNITY SERVICES DEPARTMENT  
PROGRAM REQUEST FORM – PLEASE FILL OUT BOTH SIDES  
(PLEASE PRINT)

DATE SUBMITTED \_\_\_\_\_

INSTRUCTORS NAME \_\_\_\_\_  
(Last, First)

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_ BUSINESS PHONE # \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ SS# \_\_\_\_\_

EDUCATION

HIGH SCHOOL – *Circle last year completed*      **9**      **10**      **11**      **12**

COLLEGE

GRADUATE/CERTIFICATE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMPLOYMENT RELATED TO PROGRAM

SUPERVISOR

HOW LONG

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REFERENCES

NAME \_\_\_\_\_

PHONE # \_\_\_\_\_

NAME \_\_\_\_\_

PHONE # \_\_\_\_\_

HEALTH INSURANCE CO. \_\_\_\_\_

PROGRAM TITLE \_\_\_\_\_

FACILITY REQUESTED \_\_\_\_\_

*(continue on back)*

TIME \_\_\_\_\_ DAY OF WEEK \_\_\_\_\_ # OF CLASS SESSIONS \_\_\_\_\_

PARTICIPANT AGE GROUP \_\_\_\_\_

MINIMUM # OF STUDENTS \_\_\_\_\_ MAXIMUM # \_\_\_\_\_

FEE FOR SESSION \_\_\_\_\_

EQUIPMENT/MATERIALS NEEDED

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PROGRAM OUTLINE

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MISCELLANOUS INFORMATION

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COMMENTS

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APPROVED BY \_\_\_\_\_

DISAPPROVED BY \_\_\_\_\_

REASON FOR DISAPPROVAL

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ADDITIONAL INFORMATION REQUESTED

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