



CITY OF WELLAND
Recreation & Culture Division
145 Lincoln Street
Welland, ON L3B 6E1
Phone: 905-735-1700
Fax: 905-732-6187

Program Proposal

The City of Welland provides opportunities for citizens to participate in Recreation and Cultural activities that promote active and healthy lifestyles. If you are interested in facilitating a program for the City of Welland, Recreation & Culture Division, please complete this form and provide as much detail as possible.

Program Information

Program Name: _____

Description: _____

Program Goals: _____

Age Group: _____ Minimum: _____ Maximum: _____

Seasons: Fall (Sep-Dec) Winter (Jan-Mar) Spring (Apr-Jun) Summer (Jul-Aug)

Possible Days: Mon Tues Wed Thurs Fri Sat Sun All

Time Required: _____ Sessions per Week: _____

Space Required: _____

Supplies Required: _____

Requested hourly Wage: _____

Please submit this proposal to the Program Coordinator with your resume. All program proposals must be received prior to the printing of the Wellness Guide, so that it can be included in that publication. Thank you for your interest in offering a program for the City of Welland.

Instructor Name: _____ Phone #: _____

Email: _____