



# TOWN OF TOPSFIELD

## Recreation Department

8 West Common Street | Topsfield, MA 01983 | 978-887-0335

### Program Proposal Form

If you have a programming idea that Topsfield would enjoy, then we would love to hear from you!

Please fill out this form and include as many specifics about what your program would look like. Once this form is received, you will be contacted by the Recreation Director to schedule a time to discuss your idea further to do our best to make your program become a reality.

Please feel free to reach out with any questions via email or phone that you may have. Submit the completed form to Stephanie Sweeney, Recreation Director, at the Town Hall, 8 W. Common St., or at [ssweeney@topsfeld-ma.gov](mailto:ssweeney@topsfeld-ma.gov).

NAME:	
ADDRESS:	
PHONE:	EMAIL:
COMPANY NAME/Website (if applicable):	TAX ID (if applicable):

PROGRAM NAME: \_\_\_\_\_ LOCATION: \_\_\_\_\_  
 SEASON OFFERED: Winter Spring Summer Fall DAY(S) OF THE WEEK: M T W TH F SA SU  
 TIME: \_\_\_\_\_ AM/PM SESSION LENGTH: \_\_\_\_\_  
 MIN. # OF PARTICIPANTS: \_\_\_\_\_/MAX # OF PARTICIPANTS: \_\_\_\_\_ TARGET AGE GROUP: \_\_\_\_\_

BRIEF PROGRAM DESCRIPTION/MATERIALS USED/VISION:
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**NEW INSTRUCTORS- PLEASE PROVIDE TWO (2) REFERENCES THAT CAN PROVIDE FEEDBACK ON YOUR EXPERTISE. (Non-relatives)**

REFERENCE #1: NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 REFERENCE #2: NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PLEASE NOTE:** There is a 70/30 split for all registration fees (70% instructor, 30% Town of Topsfield). All program instructors must complete CORI Checks, and must be completed at least once per year at the sole expense of the Contractor. Liability insurance may be required as well for certain programming, at the sole expense of the Contractor. This can be discussed further when a meeting is scheduled.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date