

# Instructor Program Request

Name of Class: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_

Email: \_\_\_\_\_

Age of Participants: \_\_\_\_\_

Minimum number of participants required: \_\_\_\_\_

Maximum number of participants: \_\_\_\_\_

Please Indicate if Parents Will Be Actively Involved in the Class: \_\_\_\_\_

Session Length:      Monthly      10 Weeks

Cost per Session: \_\_\_\_\_

*There is a 70/30 split between the Instructor and the City of Plantation. The City reserves the right to collect any additional fees above the resident rate from non-residents which 100% will be retained by the City. The City also reserves the right to charge an additional registration fee of which 100% will be retained by the City.*

Location of Class: \_\_\_\_\_

Location(s) program currently running (including contact person for referrals):

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Instructor Requirements:

\* Certificate of Liability Insurance listing the City of Plantation as additionally insured as well as 30 day cancel notification \* Background Check \* W9 \* Resume \* Letters of Recommendation \*Active business on SunBiz.org \* Course Outline \* Business Tax Form \* Tax ID (or Social Security Number) \*Workers Compensation Exemption thru State of Florida

Instructor Signature/Date: \_\_\_\_\_

Received by: \_\_\_\_\_