



# Program Proposal Form Cook Street Village Activity Centre

1 – 380 Cook Street Victoria BC V8V 3X7

**Email:** programmer@csvac.ca

**Tel:** (250) 384-6542

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Street Address: \_\_\_\_\_ Postal code: \_\_\_\_\_

Name of Proposed Program: \_\_\_\_\_

Session (Circle all that apply): FALL Oct-Dec 2024 / WINTER Jan- Apr 2025 / SPRING May-Aug 2025

Program Description (Approx. 30-40 words, please include ability level of class):

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Target Age Range: (e.g. Adult /Senior) \_\_\_\_\_

Cost of program (per participant): \_\_\_\_\_ # of participants (min): \_\_\_\_\_ (max): \_\_\_\_\_

Suggested Day of the Week: \_\_\_\_\_ Start date: \_\_\_\_\_ Time: \_\_\_\_\_

Second Choice Day, Start Date & Time: \_\_\_\_\_

Number of classes: \_\_\_\_\_ Concurrent sessions? Yes / No \_\_\_\_\_

Equipment/Materials Instructor will supply: \_\_\_\_\_

Equipment/Space Activity Centre will supply: \_\_\_\_\_

## Cook Street Village Activity Centre Contractor Requirements

- Resume with References
- Current Criminal Record Check with Vulnerable Sector Screening
- All relevant/required certifications
- Liability Insurance (if applicable) with the C.S.V.A.C. named as additional insured
- Complete this form and submit to Program Manager in person or via programmer@csvac.ca