



PROGRAM PROPOSAL FORM

Please complete and return to Community Services
343 Ocean House Road, Cape Elizabeth, ME 04107
Email cservices@capeelizabethschools.org.
Fax 207-799-1841 • Phone 207-799-2868

Program Name _____ Instructor _____

Start Date _____ End Date _____ Start Time _____ End Time _____

Day(s) Mo Tu We Th Fr Sa Su No. Classes _____ Age/Grade _____

Holiday/Non-Class Dates _____ Make-up Date(s) _____ Enrollment Min - Max _____

Your Fee \$ _____ Per Hour/Person/Class (circle one) **OR** _____% Net Revenue
(CECS typically adds 30% to participant fee to cover in-house expenses)

If Applicable Walk-ins Welcome? Yes No Walk-in Fee \$ _____ Substitute Rate? \$ _____

Location Preference/Requirements (subject to availability) _____

Program/instructor fee(s) structure subject to Community Services approval.

Program Description/Write Up:

Community Services reserves the right to edit/change program description.

Equipment/Special Needs:

Subject to approval.

Items to be Supplied:

