

## Request a Program

Tiger Hills Recreation District is always interested in offering new recreation programs and classes for area residents of all ages to enjoy. If you are looking for a specific type of program to be offered in your community, let us know! Suggest programs or instructors to THRD and we can do our best to bring that class or workshop to the Rural Municipality of Norfolk Treherne and RM of Victoria.

## **Program Instructors Required**

If you or anyone you know is proficient in a talent or skill and would be interested in providing instruction, contact the Recreation Office. Prior teaching experience is preferred but not required. The class outline, facility requirements and age groups are negotiated with each instructor. You propose the class you wish to take or teach, and we provide the necessary support. Classes may be a one-time workshop or a series; they can also be offered in more than one community.

#### Contact

Tiger Hills Recreation District
Box 196 215 Broadway St. Treherne, MB R0G 2V0

Ph: 204.723.2011 Fax: 204.723.2719 Email: tigerhillsrecreation@gmail.com



# **Program Proposal Form**

| Instructor Information   |                              |              |  |
|--|------------------------------|--------------|--|
| Organization Name (if applicable):   |                              |              |  |
| Instructor First Name:   | Instructor Last Name:        |              |  |
| Address:   | City:                        | Postal Code: |  |
| Phone Number:  | Alternate Phone Number:      |              |  |
| Email Address:   |                              |              |  |
| Please summarize your qualifications relevant to the program you are proposing:  |                              |              |  |
| Instructor Fee: (specify if per hour, per class, per session or per participant) |                              |              |  |
| Program Information  |                              |              |  |
| Name of Proposed Program:  | Program Type:                |              |  |
| Age Range of Participants:   | Minimum & Maximum Enrolment: |              |  |
| Description of Program:  |                              |              |  |
| Indicate Duration of Program: Daily Weekly                                       | / Special Event (Or          | nce) Other   |  |
| If you selected Other, please explain:   |                              |              |  |
| Requested dates and times. (Please list in order of preference.)                 |                              |              |  |

| Program Equipment Information   |  |                            |  |
|---|--|----------------------------|--|
| Please provide a summary of req   | uired materials:                               |                            |  |
| Cost of materials:  | /course  | /participant               |  |
| Facility Requirements: Are there ceilings, tables, chairs, lighting, et | any specific requirements of the facil<br>tc.) | ity (i.e., gymnasium, high |  |
| Audio-visual Requirements:  |  |                            |  |
| Additional Information  |  |                            |  |
| Please provide any additional cor                                       | mments to promote your program:                |                            |  |

## Please submit completed form to:

Recreation Director
Tiger Hills Recreation District
P.O. Box 196
Treherne, Manitoba ROG 2V0

Phone: 204-723-2011 Fax: 204-723-2719

Email: tigerhillsrecreation@gmail.com