



Contract Instructor Proposal 2026

By signing this form, I understand and accept the following: This form must be filled out completely and accurately for each proposed class. Incomplete forms will be rejected and must be resubmitted by the due date, no exceptions. Proposals received and/or approved after the due date will not be included in the recreation guide. Staff reserves the right to recommend edits to class descriptions that appear in the recreation guide. Class schedules are subject to change at the sole discretion of the City, based on holidays, the operational schedule of the Recreation and Community Services Department, and department discretion. Proposals are subject to department approval and verification of date, time, and facility availability. For questions, please call 760-643-5261.

Signature _____

Date _____

Personal Information

Instructor name: _____

Primary phone: _____

Is the primary phone available for public access? Yes No

Alternate phone: _____

Birth date: _____

Address: _____

City & zip code: _____

Email address: _____

References

Please list two or more past participants and/or organizations where you have taught.

Name	Phone Number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____



Number of proposed classes: _____

Proposed Class No. 1

Class title (be exact): _____

Assistant 1 name: _____

Assistant 2 name: _____

Preferred facility/location: _____

Preferred day(s): Monday Tuesday Wednesday Thursday Friday
 Saturday Sunday

Second choice day(s): Monday Tuesday Wednesday Thursday Friday
 Saturday Sunday

Setup time needed: _____

Cleanup time needed: _____

Preferred start date: _____

Session dates: _____ No. of weeks (or ongoing): _____

Instructor dates off: _____

Materials fee: _____

Preferred class times: Start at _____ End at: _____

Second choice class times: Start at _____ End at: _____

Number of participants: Minimum _____ Maximum _____

Participant age range: _____

Recommended fee per session (base rate)*: _____ for residents _____ for non-residents

**Note, the City of Vista adds a \$1 facility maintenance fee.*

List four to five objectives students will learn from participating in your class. This is important as it goes directly into your contract with the city. Please do not use phrases such as “have fun.”

1. _____

2. _____

3. _____

4. _____

5. _____

Class description for recreation guide and online registration. **Maximum 50 words** (excluding language for materials fees).

Number of proposed classes: _____

Proposed Class No. 2

Class title (be exact): _____

Assistant 1 name: _____

Assistant 2 name: _____

Preferred facility/location: _____

Preferred day(s): Monday Tuesday Wednesday Thursday Friday
 Saturday Sunday

Second choice day(s): Monday Tuesday Wednesday Thursday Friday
 Saturday Sunday

Setup time needed: _____

Cleanup time needed: _____

Preferred start date: _____

Session dates: _____ No. of weeks (or ongoing): _____

Instructor dates off: _____

Materials fee: _____

Preferred class times: Start at _____ End at: _____

Second choice class times: Start at _____ End at: _____

Number of participants: Minimum _____ Maximum _____

Participant age range: _____

Recommended fee per session (base rate)*: _____ for residents _____ for non-residents

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Class description for recreation guide and online registration. **Maximum 50 words** (excluding language for materials fees).