



PenMet Parks

Recreation Independent Contractor Proposal Form

253.858.3400 | Recreation@PenMetParks.org | 5717 Wollotchet Dr. NW Building #3, Gig Harbor, WA 98335

Proposal Process and Information:

PenMet Parks partners with several independent contractors to provide diverse recreational classes and programs to the greater Gig Harbor community. PenMet Parks provides the facility, program registration, and limited marketing for all contracted programs. The contractor then provides staffing, instruction, and equipment to operate a high-quality program. The revenue from registration is split at a standard rate with 70% going to the contractor, 30% to PenMet Parks.

Proposals are able to be submitted to Recreation@penmetparks.org. Your proposal will be reviewed, and you will be contacted by a staff member in approximately 7-10 business days. Proposals are evaluated based on alignment with PenMet Parks mission & values, current needs of the community, and availability of facility space. Not all proposals are accepted.

Organization Information:

Organization Name: _____

Contact Name: _____ Website (if applicable): _____

Primary Phone: _____ Email Address: _____

Street Address: _____ City: _____ Zip: _____

Organization Type: Business Non-Profit Community Group Individual Instructor

Description of Organization/Instructor Qualifications (Resumes Accepted for Individuals):

Program Information:

Proposed Program Title: _____ Suggested Price/Person: \$ _____

Program Type (select all that apply): Class Camp Workshop Special Event Other

Brief Description of Program: _____

Target Demographic: Preschool Youth Teens Adult 50+ Family Other

Minimum/Maximum participants per class: _____ / _____ Age Range: _____

Instructor to participant ratio: _____

Length of Program: _____ hours Number of Meetings per Week: _____ Number of Weeks: _____

What seasons are you looking to offer this program (Select all that apply)?

Fall Winter Spring Summer Year Round

Program Date & Time:

Weekday Weekend Preferred Day? _____

Morning Afternoon Evening

Type of facility/space needed:

Indoor Facility/Classroom Hardwood Floors Kitchen

Outdoor Covered Area Athletic Field Other: _____

Have you instructed this program before? Yes No If yes, where and who did you work with?

Name: _____ Company: _____ Phone #: _____

Professional References:

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

Additional Program Information: _____
