

Provide any experience you have teaching the proposed activity or which qualifies you to teach it.

Do you have a fee in mind for the proposed activity? Yes No

If yes, indicate it here _____

What type of facility, furnishings or equipment will your proposed activity require? _____

Will activity participants need to provide supplies? Yes No

If yes, list the supplies _____

Is any aspect of the proposed activity physically strenuous or hazardous? Yes No

If yes, explain _____

Will your activity require transportation of activity participants? Yes No

If yes, explain what is needed _____

List two personal references with contact information

1) _____

2) _____

COMPLETE THE FOLLOWING ONLY IF INTERESTED IN BEING A RECREATION CONTRACTOR

Please check below those items you have which are current and related to the proposed activity:

City of Bainbridge Island business license (if required by COBI)

WA State business license

Insurance for: general liability property/facility

Certification in: First Aid CPR AED

Other licenses _____

Other certifications _____

Will you use employees, volunteers or other agents to teach the proposed activity? Yes No

If yes, how many? _____

Have background checks been done for them? Yes No

Are they fully vaccinated against COVID-19? Yes No ***

*** A person is deemed fully vaccinated fourteen days after completion of the primary series of an FDA-authorized COVID-19 vaccine.

Do you have WA State worker's compensation and unemployment insurance for your employees?

Yes No

Will you provide your own facility for the proposed activity? Yes No

If yes, describe the facility _____

Facility address _____

List two professional references with contact information

1) _____

2) _____