

SPARK AFTERSCHOOL CLUB VENDOR/SPONSOR APPLICATION

This information is required for all individuals and organizations interested in participating in the SPARK Afterschool Clubs program. You must meet all SPARK Afterschool Clubs Handbook requirements.

PLEASE PRINT CLEARLY

DATE OF APPLICATION: ____/____/____

NAME OF CLUB: _____ CLUB CONTACT: _____

ADDRESS: _____ CITY: _____ ZIP: _____

BUSINESS PHONE: _____ CELL: _____

E-MAIL ADDRESS: _____ WEBSITE: _____

VENDOR STATUS and INSURANCE/LIABILITY INFORMATION:

Vendor Insurance Form

Note: *The vendor insurance/liability information must be submitted to Classe' Consultants with this application.*

Insurance/Liability Form attached: Yes

Insurance Company: _____ Policy Number: _____

CLUB SESSIONS:

Total # of Class Sessions: ____ (sessions meet once a week)
 Start Date: _____ End Date: _____

What are the targeted age group and/or grade level(s)? (Check all that apply):

Targeted Grade Level
<input type="checkbox"/> K
<input type="checkbox"/> 1 st Grade
<input type="checkbox"/> 2 nd Grade
<input type="checkbox"/> 3 rd Grade
<input type="checkbox"/> 4 th Grade
<input type="checkbox"/> 5 th Grade

Please provide/attach a brief description of your club to be used for the website and advertising:

What type of space will you need access to (e.g., including tables and chairs)?

How will students sign-up for your class?

Please indicate the day of class you prefer (Please indicate at least **TWO** choices):

1st Choice: Day: _____

2nd Choice: Day: _____

Who will be the instructor(s) of your class?

1. Name: _____ Contact number: _____
E-mail: _____
2. Name: _____ Contact number: _____
E-mail: _____

CLUB FEES:

What are your total club fees? \$ _____ per semester or \$ _____ per month.

Please include the club management fee of \$25.00 per student in your total club fee amount.

Vendor fees are due by the first week of class.

I understand that failure to adhere to any of the policies and procedures outlined in the SPARK Afterschool Clubs Handbook, by Classe' Consultants and Atlanta Public Schools could result in the termination of the afterschool club I/we sponsor.

Signature: _____

Print Name: _____

Date: ____/____/____

Afterschool Clubs Management

CLASSE' CONSULTANTS

E-mail application to: eshuemake@afterschoolclasse.com

Phone: (770) 964-4487

Website: www.afterschoolclasse.com

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USE OF SCHOOL PROPERTIES FOR AFTERSCHOOL ACTIVITIES

(LEED Certification)

Date: ____/____/____

Name of School: SPRINGDALE PARK ELEMENTARY SCHOOL

Club requesting use of school: _____

Contact: _____ Title: _____

Phone: _____ E-mail: _____

Address: _____

City/State: _____ Zip: _____

Area of building desired for use: _____

Type of after school activity: _____

Preferred Day of use:

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday
<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	

Scheduled Date(s) of Class	Time of Use
	Club begins 2:45 p.m. thru _____ p.m.

Print Name: _____

Date: ____/____/____

Signature: _____

Date: ____/____/____

Organization: _____

Principal: _____

Date: ____/____/____