



## Request of Brain Beat Dance® Class from BBDCSA

Note: BBDCSA should be recognized and promoted as the service provider

<b>The Applicant</b>		
Organization name:	Address:	
Contact Name:		Title :
Contact Tel.#	(       )       -	Email :
Nature: <input type="radio"/> Not-for-profit <input type="radio"/> for seniors <input type="radio"/> for the challenged <input type="radio"/> class in the name of BBDCSA		
Other :		

<b>Intended BBD Class</b>	Venue:	
	Open to public: Yes / No	Expected # of participants:
	Starting month:	Preferred day: Mon / Tues / Wed / Thurs / Fri / Sat
	Language :	Preferred time:       a.m. / p.m. for       minutes
	Participants: <input type="radio"/> Standing dance <input type="radio"/> Sitting dance <input type="radio"/> Combination	

**Please submit a copy of your contract for our review.**

BBDCSA standard instruction fee / honorarium for 1 hour ( subject to change ):		
<b>Not-for-Profit</b>	a) without funding/charge : \$15	b) with funding/charge : \$25
<b>For Profit</b>	\$60	

BBDCSA Board Review. Recommendation and Decision		
<input type="radio"/> In the name of BBDCSA	<input type="radio"/> Benefiting most the needy	<input type="radio"/> Eligible Primary Certified Instructor :
<input type="radio"/> Resource	<input type="radio"/> Nature and creditability	<input type="radio"/> Eligible Secondary Certified Instructor:
<input type="radio"/> Contract terms reviewed	<input type="radio"/> Fee disclosure	<input type="radio"/> Insurance coverage
Reviewed by _____ and _____		
<b>Recommendation</b>		
<b>Board Decision:</b>	At board meeting of _____, 201____	