PRICING FORM
Classes, Camps, Day Trip, Workshop, Clinics, and Residential Programs

FILL OUT A SEPARATE PRICING FORM FOR EACH CLASS, CAMP, DAY TRIP, WORKSHOP, CLINICS AND RESIDENTIAL PROGRAMS BEING OFFERED.

1.	Program Category (i.e.: camp, class, etc.)	
2.	Program Title	
3.	In-Person or Virtual	
4.	Flat Fee per student to be paid to vendor for County collected programs (Ref paragraph 9.1d)	$_____ per Student
5.	Fee your firm is currently charging the general public for this program (Ref paragraph 9.1e)	$_____ per Student
6.	Session Length (ex: 1 – week camp, 5 – week class, etc.)	
7.	Session Duration (ex: 8- hour camp, 55- minute class, 7-hour workshop, etc.)	
8.	List any equipment or extras given to participants at no additional fee (i.e.: t-shirts, balls, water bottles, etc.)	
9a.	Are there any additional equipment/supplies fees the participant will be required to pay?	Yes_____ No_____
9b.	If yes, what are the fees and what is covered? Include both rentals and required purchases.	
10a.	What is the minimum number of participants for each program?	
10b.	What is the maximum number of participants for each program?	

(Note: The number of forms shall correspond to the number of programs being listed in the Proposal for Programs Outline)

PRICING FORM
Leagues/Tournament

FILL OUT A SEPARATE PRICING FORM FOR EACH LEAGUE/TOURNAMENT PROGRAM BEING OFFERED.

1.	Program Type	
2.	Program Name	
3.	Program Sessions/Dates (ex: tournament dates, season period)	
4.	Percentage or flat fee (whichever is greater) offered to the County for the League/Tournament programs	
5.	List any equipment or extras given to participants at no additional fee (i.e.: t-shirts, balls, water bottles, etc.)	
6.	Are there any additional equipment/supplies fees the participant will be required to pay?	Yes_____ No_____
7.	If yes, what are the fees and what is covered? Include both rentals and required purchases	
8.	What is the minimum number of participants per team for each program?	
8b.	What is the maximum number of participants per team for each program?	
9.	Please provide the per team fee that your organization is currently charging to the general public for a program that is similar to the one listed above	$_____ per Team
10.	List any special facilities or amenities required for the Contractor collected program (ex: tents, practice fields and/or portable toilets)	

(Note: The number of forms shall correspond to the number of programs being listed in the Proposal for Programs Outline)