

# PGO SPONSORSHIP APPLICATION



The Parkinson's Group of the Ozarks is proud to partner with local businesses and organizations to sponsor wellness classes so they may be offered at no-cost to Parkinson's families.

## Class Information

Class Name: \_\_\_\_\_

Brief Description of Class: \_\_\_\_\_

Class Day & Time: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Class Location: \_\_\_\_\_ Classroom Size Capacity: \_\_\_\_\_

Do you have a Commercial General Liability Policy?  Yes  No

Will a Medical Release form be required prior to attending the class?  Yes  No

Will care partners be able to attend?  Yes  No

Will the class be offered virtually?  Yes  No If yes, please list the online platform: \_\_\_\_\_

## Instructor Information

Name and Title: \_\_\_\_\_

Employed By: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please list/describe any professional education, licensures, certifications, etc. relevant to facilitating the class.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list/describe any Parkinson's-related training/education you have received\*.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*\*Parkinson's Group of the Ozarks does not provide any Parkinson's education/training for instructors but financial assistance for training courses offered by external entities may be available through the Len S. Burton Scholarship: [www.parkinsonsgroup.org/professionaleducation](http://www.parkinsonsgroup.org/professionaleducation).*

Please include any additional information that you feel would help us in making a well-informed decision for your application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Requested Rate per Class:** \_\_\_\_\_ **Proposed Class Start Date:** \_\_\_\_\_

To ensure successful implementation of a newly sponsored class, an 8-week pilot period is typically recommended by our PGO Board of Directors. After this period, the board will re-evaluate the progress of the class and any proposed suggestions or changes to the sponsorship agreement at their next monthly meeting.

If sponsorship is approved, the recipient will be responsible for the following:

- Submitting a monthly invoice *and* participant attendance sheet to the PGO.
- Distributing and collecting the PGO's Photo/Video Release Consent form from all participants.
- Maintaining open communication with the PGO and providing notice of any pertinent changes relating to the sponsored class (i.e., class cancellation, class size limitations, etc.).

Name (Please print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please send completed application form to: [info@parkinsonsgroup.org](mailto:info@parkinsonsgroup.org). Submitted applications will be evaluated by our Board of Directors at their next monthly meeting. Recipients will be notified via email of the board's decision within a month of the meeting. For questions, please call 417-814-6067.