



NEW PROGRAM PROPOSAL FORM

APPLICANT INFORMATION:

APPLICANT LAST NAME: _____ APPLICANT FIRST NAME: _____

GROUP/BUSINESS NAME: _____ GROUP/BUSINESS ID#: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

E-MAIL ADDRESS: _____ PHONE NUMBER: _____

PROPOSED PROGRAM INFORMATION:

PROGRAM TITLE: _____

PROGRAM TYPE:

Athletic/Fitness/Wellness

STAFF RESPONSIBLE: _____

Academic/Enrichment

TIME FRAME: Morning Afternoon Evening

Performing Arts

Other

SEASON: Winter Spring Summer Fall

PROGRAM PARTICIPANTS: Youth Adult

LOCATION: _____

Seniors Other

COST: _____

PARTICIPANTS: Minimum # _____ Maximum # _____

PROGRAM DESCRIPTION:

LEARNING OUTCOMES:

SUMMARIZE YOUR EXPERIENCE (Accomplishments, Qualifications, Licenses, etc.):

RECREATION DEPARTMENT'S LEVEL OF INVOLVEMENT:

APPLICANT SIGNATURE: _____

DATE: _____