

PROGRAM PROPOSAL FORM
WHITPAIN TOWNSHIP PARKS & RECREATION

ORGANIZATION/COMPANY: _____

INDIVIDUAL RESPONSIBLE FOR CLASS:

NAME _____

ADDRESS _____

PHONE _____ E-MAIL _____

ACTIVITY NAME: _____

DESCRIPTION (include goals/benefits participants will receive):

TARGET GROUP & AGE REQUIREMENTS: _____

PROPOSED DAY(S)/DATE(S):

FIRST CHOICE: _____

SECOND CHOICE: _____

NUMBER OF SESSIONS _____ TIME _____

ENROLLMENT REQUIREMENT:

MINIMUM: _____ MAXIMUM: _____

INSTRUCTOR FEE:

PER PARTICIPANT: _____ OR LUMP SUM: _____

WHAT IS NEEDED FROM PARKS & RECREATION DEPARTMENT (ex: chairs, tables, TV)

_____	_____
_____	_____
_____	_____

The undersigned applicant agrees that any activity conducted under their workshop/activity will comply with the accessibility requirements of the Americans with Disabilities Act. The undersigned applicant agrees that as the sponsor of the group, he/she will be personally responsible for any violations to the Township of Whitpain and the Department of Parks & Recreation.

Applicant Signature: _____

Print Name: _____