Program Proposal Form
Salem Recreation

Name/Organization________________________________________
Address________________________________________
Phone____________________ E-Mail_______________________

Program Title____________________________ Age of Participants_________________

Description of Program (include goals/benefits participants will receive)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Proposed Day(s)/Date(s)_______________________________________________

Number of Sessions_________ Time ______________

Enrollment Requirements:
Minimum_________________ Maximum_________________

Fees (describe how you would charge participants – per session/how much)
________________________________________________________________________

What is needed from the Recreation Department (chairs, tables, TV, etc...)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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 Town of Salem and the
Recreation Department.

Applicant Signature_______________________________________________

Print Name_____________________________________________________

Date__________________