



Salem Recreation Program Proposal Form

Name/Organization: _____

Address: _____

Phone Number(s): _____

E-Mail Address: _____

Program Title: _____

Program Description (include goals/benefits participants will receive):

Proposed Day(s): SUN MON TUES WED THURS FRI SAT

Date(s): _____

Time(s): _____

Place: _____

Number of Sessions: _____

Enrollment Requirements: Min. Participants: _____ Max. Participants: _____

Age of Participants: _____ Fee: _____

Equipment Needs (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: _____ Date: _____

Print Name: _____

All Salem Recreation Programs require a Certificate of Insurance and a copy of any applicable licenses and/or certifications.