

# 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)

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Proposed Day(s)/Date(s) \_\_\_\_\_

Number of Sessions \_\_\_\_\_ Time \_\_\_\_\_

Enrollment Requirements:

Minimum \_\_\_\_\_ Maximum \_\_\_\_\_

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

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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 \_\_\_\_\_