

SWEDEN/CLARKSON RECREATION DEPARTMENT PROGRAM PROPOSAL FORM

Please complete and return to:
Sweden/Clarkson Community Center, 4927 Lake Rd., Brockport, NY 14420

Name: _____ Telephone: () _____
Address: _____ City: _____ State: _____ Zip: _____

Program Title: _____

Program Description: _____

How often do you propose to meet? _____ time(s) per week
_____ time(s) per month
_____ 1 time only (check)

Total # of weeks/months: _____
Length of each class or meeting: _____ hour(s)
Minimum # of participants: _____ Maximum # of participants: _____

Preferred day(s) of program (circle): Mon. Tues. Wed. Thurs. Fri.
Sat. Sun.

Preferred hours of program (circle): Morning Afternoon Evening

Type of space required:
Gym _____ Large Activity Room _____ Small Activity Room _____
Cafeteria _____ Kitchen _____ Sports Field _____ Park _____

Preferred season of operation (circle): Winter/Spring Summer Fall

What equipment would the town need to provide (include tables, chairs, sports equipment, portable bath units etc.)? _____

What participant fee do you propose to be reasonable for this program? \$____.00 per participant

What hourly or per class rate do you propose to earn (if applicable)? \$____.____ per hour or class