



## *New Program Information Request Form*

Thank you for your interest in launching a new program. Please complete the form below.

### **Requestor Information:**

<i>Today's Date:</i>		
<i>Name:</i>		
<i>Department/Organization:</i>		
<i>Address:</i>		
<i>City:</i>	<i>State:</i>	<i>Zip:</i>
<i>Phone:</i>	<i>Email:</i>	

### **Program Overview:**

<i>Name of Camp:</i>		
<i>Description of Camp:</i>		
<i>Camp Dates:</i>		
<i>Ages/Grades:</i>	<i># of People allowed: Min:</i>	<i>Max:</i>

### **Program Details:**

<i>Start Time:</i> Enter text.	<i>End Time:</i>
<i>Fee for Camp:</i> Resident:	Non-Resident:
Frequency: <input type="checkbox"/> One-time event <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Ongoing	
<i>Location:</i>	
<i>Additional Information (i.e. special equipment people should bring/clothes to wear, etc.):</i>	