



# NEW PROGRAM FORM

Date: \_\_\_\_\_

PROGRAM TITLE: \_\_\_\_\_

PROGRAM LEADER: \_\_\_\_\_

PREFERRED PROGRAM DATE(S): \_\_\_\_\_ a.m./p.m. \_\_\_\_\_

PROGRAM DURATION: \_\_\_\_\_

PROGRAM REPEATS: yes no

*If yes, how often:* \_\_\_\_\_ (i.e. weekly, monthly, ongoing)

AUDIENCE (i.e. adult, children, teen): \_\_\_\_\_ MAX # \_\_\_\_\_

FEES related to program: \_\_\_\_\_ SUPPLIES COST \_\_\_\_\_

PROGRAM DESCRIPTION AND SPECIFIC REQUESTS (i.e. need tables, need computers, etc.): \_\_\_\_\_

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### CONTACT INFO. for PROGRAM LEADER:

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

APPROVED       DECLINED       REVISIT \_\_\_\_\_

PROGRAM BEGINS \_\_\_\_\_ PROGRAM ENDS \_\_\_\_\_