

APPLETON PARKS AND RECREATION DEPARTMENT

New Recreation Program Proposal

(Completed by person/group requesting program)

Program Proposal: _____

Date: _____ **Club, Group, Affiliate, Agency:** _____

For Profit: _____ **Not-for Profit:** _____ **N/A** _____

Contact Person: _____ **Phone Number:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Email: _____

Program Description: _____

Target Audience: _____

APRD Involvement in Program: We would like to partner with the APRD by having

assistance in: (Please check all that apply) **Marketing** _____ **Staff Support** _____

Facility _____ **Program Coordination** _____ **Accept Registration** _____

Other _____

Program Costs and Fees: _____

(Include a brief outline of program budget.)

NOTE: Allow three weeks from the submittal date for a response.