

APPLETON PARKS AND RECREATION DEPARTMENT

New Recreation Program Proposal (Completed by person/group requesting program)

Program Propos	sal:				
Date:	Club, Group, Affilia	te, Agency	.		
For Profit:	Not-for Profit:		N/A		
Contact Person:		Phone N	umber:		
Address:	0	lity:	State:	Zip:	
Email:					
Program Descri	ption:				
Target Audience	e:				
APRD Involvem	nent in Program: We all that apply) Marke	would like	to partner with th	e APRD by havir	ng assista
	Program Coordin				
Other					
rrogram Costs a	and Fees:				
(Include a brief o	outline of program bud	lget.)			
Send the comple	eted form to aprd@a	ppleton.or	g or mail to		
Recreation Man 1819 Witzke Bly	ager		_		
Appleton, WI 5					

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