

Program Recommendation Form



CONTACT INFORMATION

NAME (FIRST, LAST) _____

TITLE _____

NAME OF GROUP/ORGANIZATION _____

KROC CENTER MEMBER KROC CENTER EMPLOYEE: PART TIME FULL TIME EXEMPT

CELL PHONE _____

WORK PHONE _____

EMAIL _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

PROGRAM INFORMATION

PROGRAM TITLE _____

1. TYPE OF PROGRAM

DROP-IN CLASS CLASS (REQUIRING SIGNUP) WORKSHOP/CLINIC

SPECIAL EVENT CAMP CONCERT OTHER: _____

2. DISCIPLINE(S), CHECK ALL THAT APPLY

AQUATICS VISUAL ARTS COMMUNITY EDUCATION

SPORTS & RECREATION PERFORMING ARTS OTHER: _____

3. SEASONS

SPRING SUMMER FALL WINTER ALL YEAR

PROGRAM DATE(S) _____

SUGGESTED DAYS OF WEEK MON TUES WED THURS FRI SAT SUN

SUGGESTED TIME OF DAY _____ AM/PM NUMBER OF MEETINGS _____

PROGRAM PREREQUISITES _____

NECESSARY MATERIALS FOR INSTRUCTORS _____

NECESSARY MATERIALS FOR PARTICIPANTS _____

SUGGESTED AGE GROUP OF PARTICIPANTS

ALL AGES FAMILY PARENT & INFANT PARENT & CHILD

CHILD TEEN ADULT SENIOR

PROGRAM ENROLLMENT CAPACITY _____

PROGRAM DESCRIPTION (ATTACH SEPARATE PAPER IF NECESSARY)

DATE OF SUBMISSION _____

INSTRUCTOR INFO

RECOMMENDED INSTRUCTOR(S)

SELF (USE CONTACT INFO TO THE LEFT)

FIRST NAME _____

LAST NAME _____

EMAIL _____

CELL PHONE _____

OTHER NAMES _____

INTERNAL USE ONLY

DATE _____

APPROVED? YES NO

CLASS NUMBER _____

TITLE _____

DATES _____

INSTRUCTOR MATERIAL COST _____

PARTICIPANT MATERIAL COST _____

CLASS FEE _____

PARTICIPANT MATERIAL FEE _____

COMPLETED:

FINANCE/ACCOUNTING _____

POS SYSTEM _____

FACILITY SCHEDULED _____

MARKETING _____

STAFF TRAINING/SCHEDULING _____

NOTES

