

Program Season: _____ Year: _____

Program Planning Form

Title of Program: _____ Instructor: _____

Age/Category: _____ Inst. Phone: _____

Day(s): _____ Time: _____ Inst. Email: _____

Location/Room: _____ # of Weeks: _____

Proposed Fee: _____

Brochure Statement: _____

Things To Do	Check When Done	Date
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Supplies Needed

Item	Source	Date Received	Date Returned	Staff Responsible