

HARFORD COUNTY DEPARTMENT OF PARKS & RECREATION
Recreation Council New Program Request Form

PROGRAM TITLE: _____ DATE: _____

Proposed Site or Facility: _____

Program Description: _____

Please (✓) one: VOLUNTEER CHAIRPERSON ☐ INSTRUCTOR ☐

VOLUNTEER CHAIRPERSON/INSTRUCTOR

Why are you interested in the proposed program and how will it benefit the community and Recreation Council? _____

INSTRUCTOR

Describe your qualifications including any certifications, if applicable: _____

Are you affiliated with any other Recreation Council in a similar program? ☐ Yes ☐ No

If Yes, where? _____

List special requirements of proposed program, i.e., facility needs, program schedule, equipment, etc. _____

OVER PLEASE...

PROPOSED BUDGET

ESTIMATED INCOME: Per Person Registration Fee _____
 Registration _____
 Equipment Deposit _____
 Fund Raiser _____
 Donation/Sponsor _____
 Other (Specify) _____
Estimated Total Income \$ _____

ESTIMATED EXPENSES: Officials' Fees _____
 Equipment _____
 Salaries _____
 Prizes/Awards _____
 Other (Specify) _____
Estimated Total Expenses \$ _____

* All funds must go through Recreation Council Treasury

Please Print

Name _____

Address _____

Home Phone: _____ Work Phone _____

PROGRAM APPROVED

Yes ☐

No ☐

RECREATION COUNCIL PRESIDENT

Council: _____

Signature _____ Date _____

Comments: _____

PARKS & RECREATION STAFF

Signature _____ Title: _____ Date _____

Comments: _____

