

ACTIVITY PROPOSAL FORM

**WHITPAIN TOWNSHIP
DEPARTMENT OF PARKS & RECREATION
960 Wentz Road
Blue Bell PA 19422
(610) 277-2400 x 374**

Activity/Workshop _____

Description of Activity (include goals/benefits participant will receive)

Individual Responsible for Class:

Name _____

Address _____

Phone # (work) _____ (home) _____

Target Group _____

Date(s) First Choice _____ Second Choice _____

Number of Sessions _____ Time _____

Enrollment Requirement Minimum _____ Maximum _____ N/A _____

Instructor Fee Hourly _____ Lump Sum _____

What is needed from the Parks and Recreation Department (i.e. chairs, tables, TV, VCR)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Materials/Equipment supplied by Instructor _____

Materials/Equipment supplied by Participant _____

The undersigned applicant agrees that any activity conducted under their workshop/activity will comply with the accessibility requirements of the Americans with Disabilities Act. The undersigned applicant agrees that as the sponsor of the group, he/she will be personally responsible for any violations to the Township of Whitpain and the Department of Parks & Recreation.

Applicant signature: _____