



Carroll County Recreation & Parks
PROGRAM PROPOSAL FORM

DATE:

PROGRAM TITLE:

INSTRUCTOR'S NAME:

ADDRESS: _____

PHONE: (h) _____ (w) _____ (c) _____

FAX: _____

E-MAIL ADDRESS: _____

PROGRAM DESCRIPTION: (Type or print clearly the description as you would like it to appear in our seasonal newsletter. We reserve the right to edit the content. You may use space on back if needed.)

INSTRUCTOR BIOGRAPHY:

(If necessary, the information below may be discussed with a Recreation & Parks staff member prior to submission.)

Proposed Schedule: MON TUES WED THURS FRI SAT
Date(s): _____ **Hours:** From _____ to _____ am pm
Meet for: _____ weeks **Location:** (North or South Carroll)
Max. class size: _____ **Min. class size:** _____ **Program Cost:** _____