

**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: \_\_\_\_\_