



### PROGRAM PLANNING FORM

If you would like an electronic version of this form, please visit the DARA website at [www.dewittrecreation.org](http://www.dewittrecreation.org) or call 517-482-5117.

*Once this form is submitted, your program/activity is subject to approval by DARA staff.*

Program/Activity Name: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address
City
State
Zip

Instructor's Birth Date: \_\_\_\_\_ Instructor's Email: \_\_\_\_\_

Instructor's Qualifications: (feel free to attach additional info): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PROGRAM INFORMATION** – Please use back or attach a copy if you need additional space.

Program description to be used in all publications

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Benefits to the Participant: \_\_\_\_\_

Special Notes (ie-classroom set up) \_\_\_\_\_  
 \_\_\_\_\_

Age Group: *(Please check as appropriate)*

- Preschool (5 and under)       Youth (6-12)       Teens (13-18)
- Seniors (55 and over)       Family       Special Events (all ages)
- Adults ( 18 and over)       Other \_\_\_\_\_

#### Program Specifics

<b>Program Specifics</b>	
Starting Date	
Ending Date	
# of Weeks	
Class Days	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat
Class Times	
Location	<input type="checkbox"/> Gymnasium <input type="checkbox"/> Activity Room #1 <input type="checkbox"/> Activity Room #2
Cost for Residents: Figure should reflect fee to be advertised in publications (ie – Cost: \$50, 70% of \$50 will go to instructor)	
Maximum Number	
Minimum Number	

Office use only:

Coordinated by	Instructor Packet	Signed contract on file	Emergency info on file	Date check issued