



# Program Proposal Form

## Instructor Information

Name:

Email Address:

Address:

Phone #:

## Program Information

Proposed Program Title:

Proposed Program Description:

Intended Audience:

Early Years (0-5)

Children (5-12)

Teen(12+)

Adult

Seniors

Proposed Class Dates and Times:

Minimum # of Participants:

Maximum # of Participants:

Proposed Fees:

Room Requirements:

Supplies Needed:

Are These Supplies Provided by the Instructor or Participant?

Please Explain Any Experience You Have Working with Individuals with Disabilities:

Instructor Qualifications/Certifications:

Additional Information:

Forms may be returned in person or emailed to [ParksandRecreation@HarrisonburgVA.gov](mailto:ParksandRecreation@HarrisonburgVA.gov)