

Recreation Program Proposal

The Highland Parks and Recreation Department partners with groups, businesses and individual instructors for youth and adult leisure enrichment, fitness, sports and adapted activities. Please complete the following information:

Instructor's Name:		
Address:	-	
Phone:	E-mail:	
Class/Program/Camp Name:		
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Class/camp size (# of participants): Minim	um Maximum Age Group:	
Space requirements:(i.e. AV, tables, seati	ng, etc.)	
Preferred day(s):	Preferred time(s):	
Class/camp session length (i.e., 6 weeks):	Multiple sessions(yes or no)?	
ADDITIONAL INFORMATION: Please include	le any past work experience in this field.	