

PROGRAM/CAMP PROPOSAL FORM

Thank you for your interest in offering a program/camp with Swanton Recreation.

PLEASE COMPLETE THIS PROPOSAL FORM COMPLETELY

Questions please call 802-868-2493 or email programs.swantonrec@gmail.com

Contact In	formation:
Name:	
Email:	
Mailing Ad	dress:
Phone:	
Proposed	Program/Camp Information:
-	:
• Des	cription: (This will be used in creating a description for advertising)
• Date	e(s) Offered
	(s) OfferedLength(hrs)
	e(s) Offered
	et Audience
• Part	icipant #'s
С	Minimum enrollment Maximum enrollment
• Seas	son
□Fall	(Sept-Nov)□Winter (Dec-Feb)□Spring (Mar-May)□Summer (June-Aug)
• Spa	ce needed: (classroom,gymnasium,outside,etc)
	ructor Compensation \$per participantwaive fee
(NOTE	E: We strive to offer programs at the lowest possible price. Instructor compensation is one factor considered when

offering programs. Instructors who wish to donate their time as a service to the community are welcomed.)

•	Equipment/Materials/Supplies	
	 Will participants need to bring anything? □YES □NO 	
	If YES, what is needed:	
	Information:	
•	Website/Social Media link	
_	Logo/Digital Daging link	
•	Logo/ Digital Design link	
Instru	ictor Information	
•	Instructor Bio: (Please write a brief bio that can be posted on our website/social	
	media platforms)	
	¬	
•	Instructor Qualifications (Trainings, education, work experience, certifications, etc)	
	¬	
•	Other important information	

PLEASE SEND COMPLETED FORM TO

programs.swantonrec@gmail.com

or

Swanton Recreation PO BOX 332 Swanton VT 05488