



# New Program Proposal Form

Name of person submitting proposal: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Name of Proposed Program: \_\_\_\_\_

Program Description:

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Suggested Age of Program Participants: \_\_\_\_\_

Suggested Number of Participants: \_\_\_\_\_

Suggested Location(s) of Program: \_\_\_\_\_

Suggested Season for the program:             Summer    Fall    Winter    Spring

Estimated Expenses for the program: (Please itemize expenses)

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Other comments or concerns:

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Please mail or fax this form to:  
Gurnee Park District  
Attn: Director of Recreation