

# Program Recommendation Form

DATE OF SUBMISSION \_\_\_\_\_

## CONTACT INFORMATION

NAME (FIRST, LAST) \_\_\_\_\_

TITLE \_\_\_\_\_  KROC CENTER EMPLOYEE  KROC CENTER MEMBER

NAME OF GROUP/ORGANIZATION \_\_\_\_\_

KROC CENTER EMPLOYEE  KROC CENTER MEMBER  OTHER

CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

## PROGRAM INFORMATION

PROGRAM TITLE \_\_\_\_\_

1. TYPE OF PROGRAM

DROP-IN CLASS  CLASS (REQUIRING SIGNUP)  WORKSHOP/CLINIC  
 SPECIAL EVENT  CAMP  CONCERT  OTHER:

2. DISCIPLINE(S), CHECK ALL THAT APPLY

AQUATICS  VISUAL ARTS  COMMUNITY EDUCATION  
 SPORTS & RECREATION  PERFORMING ARTS  OTHER:

3. SEASONS

SPRING  SUMMER  FALL  WINTER  ALL YEAR

PROGRAM DATE(S): \_\_\_\_\_

SUGGESTED DAYS OF WEEK  MON  TUES  WED  THURS  FRI  SAT  SUN

SUGGESTED TIME OF DAY \_\_\_\_\_ AM/PM NUMBER OF MEETINGS \_\_\_\_\_

PROGRAM PREREQUISITES \_\_\_\_\_

NECESSARY MATERIALS FOR INSTRUCTORS \_\_\_\_\_

NECESSARY MATERIALS FOR PARTICIPANTS \_\_\_\_\_

SUGGESTED AGE GROUP OF PARTICIPANTS

ALL AGES  FAMILY  PARENT & INFANT  PARENT & CHILD  
 CHILD  TEEN  ADULT  SENIOR

PROGRAM ENROLLMENT CAPACITY \_\_\_\_\_

PROGRAM DESCRIPTION (ATTACH SEPARATE PAPER IF NECESSARY)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## INSTRUCTOR INFO

RECOMMENDED INSTRUCTOR(S) \_\_\_\_\_

SELF (USE CONTACT INFO TO THE LEFT)

FIRST NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

EMAIL \_\_\_\_\_

CELL PHONE \_\_\_\_\_

OTHER NAMES \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## INTERNAL USE ONLY

DATE \_\_\_\_\_

APPROVED?  YES  NO

CLASS NUMBER \_\_\_\_\_

TITLE \_\_\_\_\_

DATES \_\_\_\_\_

INSTRUCTOR MATERIAL COST \_\_\_\_\_

PARTICIPANT MATERIAL COST \_\_\_\_\_

CLASS FEE \_\_\_\_\_

PARTICIPANT MATERIAL FEE \_\_\_\_\_

COMPLETED:

- FINANCE/ACCOUNTING \_\_\_\_\_
- POS SYSTEM \_\_\_\_\_
- FACILITY SCHEDULED \_\_\_\_\_
- MARKETING \_\_\_\_\_
- STAFF TRAINING/SCHEDULING \_\_\_\_\_

NOTES  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



RAY & JOAN  
**KROC CENTER**  
COEUR D'ALENE, ID