

Bourne Recreation Department
239 Main Street
Buzzards Bay, Ma 02532
Phone: (508)-759-0600 ext 5302

Program Proposal Form

Instructor/Organization Name: _____

Address: _____

Home Phone #: _____ Work Phone # _____ Cell Phone # _____

Email Address: _____

Program Title: _____

Please Circle Season: FALL WINTER SPRING SUMMER

Program Description:

Age/Grade Level of Participants: _____ Time of Class: _____ Number of Weeks: _____

Program Start Date: _____ End Date: _____ Class Duration (i.e. 1hr) _____

Any Days the Program Would Not Run? (i.e. Holidays, Early Release Days? Etc.):

Min Number of Participants: _____ Max Number of Participants: _____

Space Required: _____

Equipment/Supplies Needed: (List any equipment that you would need the Rec Department to provide)

