

**ACTIVITY/PROGRAM PROPOSAL FORM**

RADNOR TOWNSHIP RECREATION & COMMUNITY PROGRAMMING DEPARTMENT  
301 IVEN AVENUE, WAYNE, PA 19087  
610-688-5600  
610-971-0450 (FAX)

Activity/Program \_\_\_\_\_

Description of Activity/Program (attach extra sheet if necessary) \_\_\_\_\_

Instructor or Individual Responsible \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work/cell) \_\_\_\_\_

Email \_\_\_\_\_

Activity/Program Age Group (circle all that apply) Pre-School Youth Teen Adult Senior

Season/Date(s)/Time(s) \_\_\_\_\_

Number of Session(s) \_\_\_\_\_

Enrollment requirements - minimum amount \_\_\_\_\_ maximum amount \_\_\_\_\_

Applicable fees/instructor fees \_\_\_\_\_

Needed items with regard to facility or venue - i.e., chairs, tables, tv/vcr, sink, etc. Please explain.

Items/Materials supplied by Instructor \_\_\_\_\_

Items/Materials supplied by Participant \_\_\_\_\_

Do you have insurance? (please circle) yes no

Please provide a resume to indicate your experience and a list of references.

By offering a program/activity, you must consent to a confidential, mandatory background check performed by Radnor Township. This background check is for the protection of the participants involved in the program/activity. You must provide the following information to the Radnor Township Parks and Recreation Department for the mandatory background check: full name, social security number and date of birth. You must provide this information and pass the mandatory background check before you can begin working with the Radnor Township Parks & Recreation Department.

Do you agree to the mandatory background check? (please circle) yes no

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Thank you for your information. Our Program Coordinator will be in touch with you soon.**

**ACTIVITY/PROGRAM INFORMATION FORM**

**(FOR DEPARTMENT USE ONLY)**

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**Required Information for Instructor/Vendor:**

**Staff background checks (full name; SS#; date of birth)  
Experience and/or certifications  
Proposal/program outline, description and details  
Consultation/meeting  
References**

**Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Preferred Information for Instructor/Vendor:**

**Insurance certificate  
EIN #  
Ability to provide program equipment and supplies  
Ability to take in program registrations  
Ability to provide program location and space**

**Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Instructor/Vendor Considerations:**

**Program/Activity Considerations:**

**Program topic and/or concentration need/niche  
Program topic and/or concentration currently provided  
Seasonal program topic or concentration  
Timing and availability of staff  
Location and space availability**

**Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other Information:** \_\_\_\_\_

\_\_\_\_\_

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