



VERNON PARKS AND RECREATION DEPARTMENT

120 SOUTH STREET, VERNON, CT 06066

Tel: (860) 870-3520

Fax: (860) 870-3525

www.vernonrec.org

Program Application

Please complete all sections and return to the Vernon Parks and Recreation Department.
parcsandrec@vernon-ct.gov – Henry Park, 120 South Street, Vernon, CT 06066

Organization's name: _____

Primary contact person: _____

Phone number: _____

E-mail Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Please describe the program you would like to offer:

Who is your target audience? (eg; families, children ages 3-5, etc.):

What is your program instructor fee? _____

Do you provide all your own supplies? Yes No

If no, what will you need from us or participants?

What kind of facility do you need to run the program (i.e. field, room)

What is the class schedule and duration (eg; once a week for 6 week) for this program?

Have you offered this program before? Yes No

If yes, how long have you been offering this program? _____

Do you or your organization carry insurance? _____

Please list three professional reference.

Name	Phone Number	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

If available please include a previously used program advertisement, description or website link.
