

Program Title:
Program Limit (Maximum # Students):
Circle Eligible Grades Completed for Participation:
PreSch K 1 2 3 4 5 6 7 8 9 10 11 12
Program Eligible for (please circle): Male Female Coed
Circle Days Offered: Mon Tue Wed Thur Fri Sat
Total Number of Weeks:
Start Date: End Date:
Start Time: End Time:
Location (Building and Room #, Field):
Instructor Name:
Instructor Bio (up to 3 sentences):
Program Description:
Items to Bring:
Comments:
Date Submitted: