

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:	