

Kennebunkport Parks & Recreation
20 Recreation Way
Kennebunkport, ME 04046
207-967-4304



Proposed Program Title: _____ Instructor's Name: _____

Phone: _____ Email: _____

Program purpose/description:

Other information that might help us better understand the program: include flyers or pamphlets if available.

Please answer the following questions to the best of your ability:

Target Population: _____

Desired starting date: _____ Desired class day and time: _____

Length of session (# of weeks): _____ Length of class (minutes/class): _____

Desired wage/fee information: _____

Please attach any additional information including resumes and references. Thank you!

FOR OFFICE USE ONLY

RESULTS:

Date received: _____ Reviewed by: _____