



Network

2007 Summer Fun, Recreation, Activities & Camp Calendar Project

LISTING FORM

(PLEASE TYPE OR CLEARLY PRINT ALL INFORMATION)

Person completing this form: _____

Organization Name & Director: _____

Address/Building/Room #: _____

City/Borough: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____ Email _____

ACTIVITY INFORMATION TO BE LISTED ON THE CALENDAR (all activities listed must be held between June 1st and August 31st, 2007.) **Please complete one form for each activity/program/event.** You may make more copies of this form.

Program/Activity/Event Title: _____

Contact Person(s): _____ Sponsoring Organization: _____

Phone Numbers to be listed in Calendar: (primary #) _____ (secondary #) _____

Location of program: _____ Address to be listed: _____

Program Day(s): _____ Date(s): _____ Time: ____ AM ____ PM to ____ AM ____ PM

Audience (check all that apply): Children (age range) _____ Young adults _____ Families _____

Type of activity (check one): Day Camp ____ Arts & Crafts ____ Cultural Music ____

What Calendar section should we list it in: Recreation/Activities/Events/Programs ____ Sports/Athletic ____ Science ____

Summer Childcare and Day Camp ____ Over Night Camp ____ Other (list) _____

Maximum Capacity: ____ Is Registration required? Yes ____ No ____

Is program: Free ____ Fee ____ (how much \$ ____ per day/week/month) Are scholarships available? Yes ____ No ____

Is program: one time only ____ daily ____ weekly ____ other (list) _____

Will transportation be available? Yes ____ No ____ If yes, what is the cost: \$ ____ per day ____ week ____ month ____

Will snacks and/or meals be offered: Yes ____ No ____ If yes, indicate which: Snack ____ Breakfast ____ Lunch ____

Charge for these? Yes ____ No ____ If yes, how much \$ ____ per day ____ week ____ month ____

Please let us know what additional support your program can use:

Volunteers ____ Sports/Athletic Equipment ____ Arts/Crafts Supplies ____ Transportation ____

\$\$ to support scholarships ____ Other (list) _____

Our office will contact you if we can match you with a resource.

Please return this form by March 31st to:

Stephanie Scappa-Hall, Asst. Program Dir., Chester Education Foundation, 2600 W. 9th St., GS-100, Chester, PA 19013-2095

If you have any questions, phone 610-859-6011 or email sscappa@chestereducation.org . Thank you for participating!