



Program Planning Form

If you would like an electronic version of this form, please visit the Livingston Recreation website at:

www.livingstonmontana.org/living/recreation_department.html or call: 406-222-8155



Once this form is submitted, your program/activity is subject to approval by Livingston Recreation staff

Program / Activity Name: _____

Instructor Name: _____ Phone Number: _____

Address: _____
Street City State Zip

Instructor's Birth Date: _____ Email: _____

Instructor's Qualifications: (Feel free to attach additional info) _____

PROGRAM INFORMATION: Please use back or attach a copy if you need additional space.

*Program description to be used in publication material.

Benefits to the Participant: _____

Special Notes: (i.e. classroom set-up, materials needed) _____

Age Group: (Please check as appropriate)

- Preschool (5 and under) Youth (6-12) Teens (13-18)
- Seniors (55 and over) Family Special Events (All Ages)
- Adults (18 and over) Other:

Program Specifics	
Starting Date	
Ending Date	
# of Weeks/Sessions	
Class Days	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat
Class Times	
Location	<input type="checkbox"/> Gym <input type="checkbox"/> Tumbling Room <input type="checkbox"/> City Park <input type="checkbox"/> City Pool <input type="checkbox"/> Board Room
Cost for Residents:	
Maximum Number	
Minimum Number	

Office Use Only:

Coordinated by:	Instructor Packet	Signed Contract on file	Emergency Info on file	Agreed Upon Wage