



Boys & Girls Clubs of Central Virginia Program Proposal Form

Your Information

PREFIX _____ FIRST NAME _____ LAST NAME _____

GROUP/COMPANY PLANNING THIS EVENT _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ COUNTRY _____

DAYTIME PHONE NUMBER _____ EVENING PHONE NUMBER _____

E-MAIL ADDRESS _____

I'D LIKE TO STAY UP-TO-DATE ON THE LATEST NEWS FROM THE BGCCVA. PLEASE SEND ME YOUR E-NEWSLETTER

About the Program

NAME OF THE PROGRAM _____ NUMBER OF MEMBERS PER SESSION _____

PROGRAM OBJECTIVE:

DESIRED PROGRAM OUTCOMES:

PROGRAM PREVIOUSLY RUN AT (LOCATION, CONTACT):

CORE PROGRAM AREA: THE ARTS CHARACTER & LEADERSHIP EDUCATION & CAREER HEALTH & LIFE SKILLS
SPORTS, FITNESS & RECREATION

START DATE _____ START TIME _____ FREQUENCY _____

LOCATION: _____ # STAFF REQUIRED: _____ MATERIALS REQUIRED: _____

TRANSPORTATION NEEDS:

BOARD MEMBER OR STAFF MEMBER ASSOCIATED:

BUDGET FOR THE PROGRAM: _____ FUNDING SOURCE(S)*: _____

*Boys & Girls Clubs of Central Virginia cannot fund programs outside the approved annual operating plan.

COMMUNITY PARTNERS INVOLVED: _____