



BOYS & GIRLS CLUBS
OF CENTRAL VIRGINIA

Boys & Girls Clubs of Central Virginia Program Proposal Form

Your Information

FIRST NAME _____ LAST NAME _____

GROUP/COMPANY PLANNING THIS EVENT _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ COUNTRY _____

DAYTIME PHONE NUMBER _____ EVENING PHONE NUMBER _____

E-MAIL ADDRESS _____

About the Program

NAME OF THE PROGRAM _____

NUMBER OF MEMBERS PER SESSION _____

AGE OF MEMBERS _____

PROGRAM OBJECTIVE:

DESIRED PROGRAM OUTCOMES:

SPACE REQUIRED:

MATERIALS REQUIRED:

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:

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:
