



PROGRAM BROCHURE REQUEST

TODAY'S DATE

ALL REQUEST FORMS ARE REQUIRED
EXISTING PROGRAM: 6 WEEKS PRIOR TO REGISTRATION START DATE
NEW PROGRAM: * WEEKS PRIOR TO REGISTRATION START DATE
COMPLETE FOR EACH SESSION OF A PROGRAM

PROGRAM LEADER

PROGRAM NAME

PROGRAM AGE RANGE

PROGRAM LOCATION

REGISTRATION INFORMATION

START DATE

END DATE

DAYS OF THE WEEK / TIME / AGE GROUPS

PROGRAM SCHEDULE

Program START DATE

Program END DATE

SCHEDULE DATE EXCEPTIONS (HOLIDAYS, VACATIONS...)

PROGRAM COST

\$ _____
MEMBER FEE

\$ _____
NON-MEMBER FEE

\$ _____
MILITARY FEE

\$ _____
COVERED BY INSURANCE

IF FREE, FOR WHOM

REGISTRATION AVAILABLE ONLINE AT (YMCA WEBSITE OR THIRD PARTY WEBSITE)

DOES A PROGRAM PAGE CURRENTLY EXIST

THIRD PARTY CONTACT INFORMATION IF APPLICABLE

DETAILED EXPLANATION OF YOUR PROGRAM OR EVENT

If this is a new program, please provide a detailed description of the program and the program goals

