



# Town of Sudbury

Park & Recreation Department

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Park and Recreation Department

40 Fairbank Road

Sudbury, MA 01776

(978) 443-1092

## Program Booking Sheet

Please make additional copies for multiple programs/sessions

Official Contact: _____	Phone: (____) ____-____	Fax: (____) ____-____
Address: _____	City: _____	Zip: _____
Email: _____		
On-Site Contact Person (if different): _____	Cell Phone: (____) ____-____	
Address: _____	City: _____	Zip: _____
Email: _____	Federal Id or Soc. Sec. #: _____	

Please choose season:      Fall      Winter      Spring      Summer      Other: \_\_\_\_\_

Class Name: \_\_\_\_\_      Adult or Age Range of Children: \_\_\_\_\_

Minimum participants needed to run class (keep in mind absences): \_\_\_\_\_      Maximum participants class can handle: \_\_\_\_\_

YOUR fee PER PERSON: \$ \_\_\_\_\_      Do you accept late sign ups?: \_\_\_\_\_      Will you prorate for late sign-ups?: \_\_\_\_\_

Start Date: \_\_\_\_\_      End Date: \_\_\_\_\_      No Class: \_\_\_\_\_      Total # of Classes: \_\_\_\_\_

1st CHOICE Time: \_\_\_\_\_      2nd CHOICE Time: \_\_\_\_\_      Duration of class (example: 1hr.): \_\_\_\_\_

Please choose 1st CHOICE day:      Mon.      Tues.      Wed.      Thurs.      Fri.      Sat.      Sun

Please choose 2nd CHOICE day:      Mon.      Tues.      Wed.      Thurs.      Fri.      Sat.      Sun

Please choose program location:      GYM      Room 1      Room 2      Room 3      Room 4      Other: \_\_\_\_\_

Description of Program for Brochure (maximum of 75 words). Description can be e-mailed:

Goals and Objectives of Program:

What Participant Should Bring: \_\_\_\_\_