

OLD ORCHARD BEACH RECREATION PROGRAM IDEA APPLICATION

PROGRAM NAME: _____

DATES:	BEGINNING TIME:	END TIME:
LOCATION:	GRADES/AGES:	# of Participants:

SUPPLIES/EXPENSES:

	Cost: \$
	Cost: \$
	Cost: \$
	Cost: \$
	Cost: \$
	Cost: \$

Coordinator salary: \$
Other staff salary: \$

TOTAL EXPENSES:

Price charged per person: \$	# Participants:	Total Revenues:
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Gain/Loss: \$

Staff &	1. _____	3. _____
Phone #	2. _____	4. _____

Comments & Changes: