



Program/Education Activity Form

Date Submitted: _____

Event/Activity Information			
Title of Event/Activity:			
Date (first choice):		Date (second choice):	
Trail (or other location):			
Meeting place:		Time:	
Type of event/activity:			
Difficulty level: <input type="checkbox"/> Easy <input type="checkbox"/> Moderate <input type="checkbox"/> Strenuous			
Distance to be traveled:			
Pre-registration required? <input type="checkbox"/> Yes <input type="checkbox"/> No		Participant limit:	
Special skills, equipment or knowledge will be required of the participants:			
Appropriate for children?: <input type="checkbox"/> Yes <input type="checkbox"/> No		Minimum age:	

Leader Information			
Name			
Street Address			
City, State, Zip Code			
Home Phone		Work Phone	
Emergency Contact Name		Phone	
E-mail			

Assistant/Back up Leader Information (if necessary)			
Name			
Street Address			
City, State, Zip Code			
Home Phone		Work Phone	
Emergency Contact Name		Phone	
E-mail			

Brief Description (suitable for inclusion for marketing, website or email)