## **City of Goodyear**Parks & Recreation Department

**Activity Request Form** 

To ensure customer privacy, mail or deliver to: 3075 N. Litchfield Rd., Goodyear, AZ 85395

CONTACT INFORMATION						
Name:						
Organization:						
Address:						
City:		State:	Zip:			
Home Phone:		Work Phone:				
Cell Phone:		FAX:				
Other Phone:		Other Phone:				
Email:		Website:				
ABOUT THE ACTIVITY						
Who will teach this activity?						
Do you offer it elsewhere?	-	Yes	No			
If Yes, where?						
What are your credentials and experience?						
Do you have a CPR & First Aid certification card?		Yes	No			
If yes, please provide Company Name:						
Instructor Name:						
Expiration Date:						
MARKETING FORMAT						
Title of the Class:						
Description:						

Duration of Class: i.e. 1x/week, 3x/week, one time			
Day(s):			
Start Time: End Ti	me:		
Location:			
Prices: To be deter	To be determined by the City		
PROGRAM PLA	N		
I. GOAL: Why is this program needed?			
<b>II. OBJECTIVES</b> : What will participants gain from this program?			
III. PARTICIPATION BENEFITS:			
Social Benefits			
Reduce alienation, loneliness & anti-social behaviors	Establish community pride		
Build a strong family	Improve ethnic & cultural harmony		
Create a place for social interaction			
Personal Benefits			
Be happier	Build self esteem		
Lose weight	Reduce stress		
Live longer	Offer social interaction		
Create memories	Enhance relationship skills		
Economic Benefits			
Attract new businesses	Boost employee productivity		
Lower health care costs	Strengthen neighborhood involvement		
Decrease health insurance premiums	Increase property value		
Instill teamwork			
Preserve plant & animal wildlife	fits Increase number of friendly green spaces		
Improve air & water quality			
Other Benefits:			

IV. BUDGET:		
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Expenses:		
Salaries, Equipment, Supplies, Facilities, etc.		
Revenue:		
Participant Fees, Material Fees, etc.		
If you have any questions, pleas	e feel free to contact the Recreation Department at: 623-882-7525	

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