DOVER AREA PARKS & RECREATION

PLAY • CONNECT • EXPLORE

NEW PROGRAM IDEA FORM

If you are interested in teaching/leading a new program, please complete this form.

1. PROGRAM SNAPSHOT

PROGRAM TITLE _____	DATE SUBMITTED _____
SUBMITTED BY _____	PHONE / EMAIL _____
ORGANIZATION / DEPARTMENT (if applicable) _____	PRIMARY CONTACT _____

PROGRAM TYPE ☐ Class / Workshop ☐ Camp ☐ Club ☐ Special Event ☐ Drop-In ☐ Trip ☐ Other: _____

FORMAT ☐ One-time ☐ Multi-session series ☐ Seasonal / recurring ☐ Pilot / test program

ONE-SENTENCE PROGRAM IDEA — What is the program?

_____

_____

2. PARTICIPANTS, SCHEDULE & LOCATION

AGES / GRADES _____	MIN. PARTICIPANTS _____	MAX. PARTICIPANTS _____	SESSION LENGTH _____ min / hr
# OF SESSIONS _____	PREFERRED DAYS _____	PREFERRED TIME _____	SEASON / DATE RANGE _____
SKILL / EXPERIENCE LEVEL _____ _____	INDOOR / OUTDOOR Indoor ☐ Outdoor ☐	FEE IDEA $_____ Free ☐	REGISTRATION DEADLINE _____

PREFERRED LOCATION(S) ☐ Brookside Park ☐ Lehr Park ☐ Edgewood Park ☐ Mayfield Park ☐ Dover Community Park ☐ Dover Community Building ☐ Indoor / Other: _____

TARGET AUDIENCE — Who is the program designed for, and why would it appeal to them?

_____

_____

3. PROGRAM PURPOSE & EXPERIENCE

PROGRAM DESCRIPTION — Briefly describe what participants will do from start to finish.

_____

_____

_____

PLAY	CONNECT	EXPLORE
How will participants actively engage, create, move, or have fun? _____ _____	How will participants build relationships, teamwork, or community? _____ _____	What will participants discover, practice, question, or try? _____ _____

4. INCLUSION, ACCESSIBILITY & PARTICIPATION

PARTICIPATION CHOICES / ADAPTATIONS — How can the activity offer different ways to participate (mobility, sensory, communication, learning, social, or comfort needs)?

_____
_____
_____

BARRIERS TO ANTICIPATE — What might make participation harder, and what could reduce that barrier?

_____
_____

5. STAFFING, MATERIALS & SITE NEEDS

LEAD INSTRUCTOR / FACILITATOR _____	ADDITIONAL STAFF / VOLUNTEERS NEEDED _____
SPECIAL QUALIFICATIONS / CERTIFICATIONS _____	PARTNERS / GUESTS / VENDORS _____
SPACE / SETUP NEEDS _____	EQUIPMENT / STORAGE NEEDS _____

MATERIALS / SUPPLIES — List major items, quantities, and whether they are already available.

_____
_____
_____

EST. SUPPLY COST $_____	EST. STAFF COST $_____	OTHER COSTS $_____	TOTAL EST. COST $_____
PROPOSED FEE $_____	SPONSOR / PARTNER _____	PARTICIPANT-PROVIDED ITEMS _____	REUSABLE MATERIALS? ☐ Yes ☐ No

6. SAFETY, SUPERVISION & BACKUP PLAN

SAFETY / SUPERVISION — Identify foreseeable risks, boundaries, supervision needs, protective equipment, or special procedures.

_____
_____
_____

STOP SIGNAL / EMERGENCY COMMUNICATION / WEATHER OR INDOOR BACKUP PLAN

_____
_____

7. PROMOTION & SUCCESS MEASURES

MARKETING HOOK — In one or two sentences, what would make someone want to register or attend?

_____
_____

HOW WILL WE KNOW IT WORKED? — Examples: participation, repeat interest, feedback, learning, teamwork, inclusion, or staff observations.

_____
_____

8. PARKS & RECREATION REVIEW *For staff planning use*

STATUS ☐ Discuss further ☐ Needs revision ☐ Pilot / test ☐ Ready to schedule ☐ Hold for future consideration

REVIEWED BY _____	REVIEW DATE _____	TARGET SEASON / DATE _____
ASSIGNED LEAD _____	FOLLOW-UP NEEDED BY _____	BUDGET / SITE NOTES _____

NEXT STEPS / NOTES

_____
_____