



Department of  
Parks & Recreation

P.O. Box 228 • Englewood, N.J. 07631 • (201) 568-3472 • Fax (201) 871-6554

## Recreation Program Application

**Please mail, email or fax this form to**

\*Englewood Recreation  
12 Tenafly Road, Suite 112  
Englewood, NJ 07631      Phone: 201-568-3472  
                                    Fax: 201-871-6554  
                                    Email: [recreation@cityofenglewood.org](mailto:recreation@cityofenglewood.org)

**Note: All instructors, coaches, volunteers, etc. will be required to complete and to pass a background check through the City of Englewood's preferred fingerprinting process.**

Organization: \_\_\_\_\_  
Name \_\_\_\_\_ Date \_\_\_\_\_

Contact: \_\_\_\_\_  
Primary Name \_\_\_\_\_ Alternate Name \_\_\_\_\_

Phone: \_\_\_\_\_  
Primary's Cell \_\_\_\_\_ Alternate's Cell \_\_\_\_\_

Primary's Secondary \_\_\_\_\_ Alternate's Secondary \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Email: \_\_\_\_\_

Prospective Program Title: \_\_\_\_\_ Target Age/Grade \_\_\_\_\_

<b>Program Category:</b>
<input type="checkbox"/> Dance/Fitness
<input type="checkbox"/> Music/Art
<input type="checkbox"/> Sports
<input type="checkbox"/> Misc.

Instructor Name _____	Start Date _____	Day _____
Email _____	End Date _____	Room _____
Phone _____	Time _____	Cost _____

**Please include a resume and/or reference letter and provide a program description to answer the following:**

1. What specific need does your program address? How will your program address that need?
2. What impact do you hope this program will have on those participating?
3. In your perception, what will make your program a success?
4. What will the cost to the participant cover?
5. Who is your target audience? And what are your marketing strategies?