 New Activity Group Proposal

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| 1. Activity Name: |
| 1. Describe this Activity Group in detail: |
| 1. Activity Group Leader (someone who will help guide and direct this group):     Phone: Email: |
| 1. Frequency of Activity.  How often would this group meet and the length of time for each ‘get-together’.        Once per Week         Every other week          Once per Month      Also is this activity seasonal or weather permitting?     Seasonal         Year around  Approximate length of time per session: |
| 1. Space Required – Please provide full details of what type of space is needed for this activity to take place? |
| 1. Are there any special requirements for this Activity?  Please list any specific needs.  (i.e. room lighting, odours/dust created, specific skills, etc) |
| 1. What equipment is required for this Activity to happen? Please be specific.  (i.e. sound system, lighting, boards/cards, types of chairs/tables, etc.) |
| 1. Please list any special risks associated with this Activity?  (i.e. not recommended for persons with heart conditions, carpooling, creates excessive dust, creates excessive noise, etc.) |
| 1. Are there others who may be interested?     .       YES                                NO    Please provide names and contact info. |
| 1. Any Other Comments: |
| *Please return to:*  Guelph Wellington Seniors Association  683 Woolwich St.  Guelph, Ontario N1H 3Y8  Attn: Chair of Program Committee  Email: [pat.gage@gwsa-guelph.ca](mailto:pat.gage@gwsa-guelph.ca) |