 New Activity Group Proposal

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| 1. Activity Name:

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| 1. Describe this Activity Group in detail:

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| 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?

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| 1. Are there any special requirements for this Activity?  Please list any specific needs.  (i.e. room lighting, odours/dust created, specific skills, etc)

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| 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.)

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| 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.)

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| 1. Are there others who may be interested?

 .       YES                                NO   Please provide names and contact info.        |
| 1. Any Other Comments:

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| *Please return to:*Guelph Wellington Seniors Association683 Woolwich St. Guelph, Ontario N1H 3Y8Attn: Chair of Program CommitteeEmail: pat.gage@gwsa-guelph.ca |