



# New Activity Group Proposal

1. Activity Name:
2. Describe this Activity Group in detail:
3. Activity Group Leader (someone who will help guide and direct this group):  Phone: _____ Email: _____
4. Frequency of Activity. How often would this group meet and the length of time for each 'get-together'.  <input type="checkbox"/> Once per Week <input type="checkbox"/> Every other week <input type="checkbox"/> Once per Month  Also is this activity seasonal or weather permitting? <input type="checkbox"/> Seasonal <input type="checkbox"/> Year around  Approximate length of time per session:
5. Space Required – Please provide full details of what type of space is needed for this activity to take place?
6. Are there any special requirements for this Activity? Please list any specific needs. (i.e. room lighting, odours/dust created, specific skills, etc)

7. What equipment is required for this Activity to happen? Please be specific. (i.e. sound system, lighting, boards/cards, types of chairs/tables, etc.)

8. 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.)

9. Are there others who may be interested?

YES

NO

Please provide names and contact info.

10. Any Other Comments:

*Please return to:*

Guelph Wellington Seniors Association

683 Woolwich St.

Guelph, Ontario N1H 3Y8

Attn: Chair of Program Committee

Email: [president@gwsa-guelph.ca](mailto:president@gwsa-guelph.ca)