

Aberdeen Board of Parks & Recreation, Inc.
 34 North Philadelphia Boulevard
 Aberdeen, MD 21001-2511
 Phone: (410) 939-6767 Fax: (410) 939-6769

PROGRAM INFO WORKSHEET

PROGRAM: _____ (Fill In)

Please complete the following survey to the best of your ability. **Requests for checks, purchases, publicity, etc. WILL NOT be processed until this form is on file with the Aberdeen Board.**

1. Please identify program officers/leaders/key people (indicate term of office):

| NAME | ADDRESS | PHONE # | EMAIL (if any) |
|---------|---------|---------|----------------|
| Pres. | | | |
| V-Pres. | | | |
| Treas. | | | |
| Secy. | | | |
| Others: | | | |

2. Identify who will normally handle registration monies/deposits (include address/phone if not listed above):

3. Identify who is authorized to request purchases through the Aberdeen Board:

4. Upon receipt of invoices (i.e., from purchases), identify who can certify the goods were received (i.e., authorize payment):

5. Identify who may authorize publicity (i.e., registration dates, press releases, poster requests, requests for flyers, etc.):

6. Will you conduct a fund raiser during this season? ____ (yes/no). If yes, please describe type of fund raiser(s) anticipated:

Fund raising chairperson (if known): _____