

# Parkland Paddling Club Community Outreach Program (COP) Request Form



Name and affiliation of youth serving organization: \_\_\_\_\_

\_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact E-mail \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell / Day \_\_\_\_\_

Organization mission / purpose: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why are you interested in COP? What learning outcomes / program goals will COP help you achieve?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Participant Age range: \_\_\_\_\_ Group Size: \_\_\_\_\_ Gender(s): \_\_\_\_\_

Do you have a specific type / length of program experience in mind? If so, please describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is this a stand alone experience or would it be designed to complement another program (ie. a component of a camp, leadership program, etc.)? Please describe.

\_\_\_\_\_

\_\_\_\_\_

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What date(s) (specific or approximate, day of the week, etc. ) would you be interested in booking COP?

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Will you need discuss how COP might fit into different funding opportunities?

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Do members of your group have any behavioral or physical characteristics that we should be aware of for planning purposes? If so, please describe.

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Other information that will help us better understand your interests, goals, and program request.

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**Thank you for your interest in the Parkland Paddling Club - Community Outreach Program.**

**We will be in touch shortly after receiving this completed form and we look forward to getting your group out on the water!**

**[www.ParklandPaddlingClub.ca](http://www.ParklandPaddlingClub.ca)**