

16b Program Suggestion Form

Submission Date: _____ Proposed Program Date: _____

Name: _____

Company: _____

Website: _____

Email: _____ Phone: _____

Address: _____

Program Title: _____ Fee (if any):\$ _____

Audience: _____ Length of program: _____

Program Description:

Intended Outcome for Program Participants:

Number of Participants: _____ (minimum) _____ (maximum)

Equipment, supplies, or special space needs:

I have read and agreed to the Program Policy.

Signature: _____

For Library Use:

Received by Staff Member: _____ Date: _____

Resolution: Adopted on August 16, 2023, by unanimous vote of the Board of Trustees of the Catskill Public Library.