



# Program Planning and Submission

Please use this form to plan new programs & events and/or update existing programs & events. Once complete, submit to the Marketing Department 4-6 weeks prior to the program or event start date or before the next Program Guide deadline.

## STANDARD INFORMATION

**Your Name \***

**Job Title \***

**Department \***

**Branch \***

**Has your supervisor approved this program (or are you the Program Executive over this program)? If not, please submit this form after you've received approval from your supervisor. \***

Yes (proceed)

No (do not submit)

## MARKETING SUPPORT

**Please choose all Marketing Support that you are requesting: \***

Include in next Program Guide

Add to Website/Update existing webpage

- Flyer approval (please attach file below)
- Flyer creation
- Member Newsletter
- Facebook Posts
- Facebook Event
- School District distribution (only for youth programs)

## PROGRAM INFORMATION

### What is the status of this program? \*

- New Program
- Existing Program (already represented on website but requires updates)

### What type of event are you planning? (Choose one) - Read from left to right. \*

- |                           |                            |                            |
|---------------------------|----------------------------|----------------------------|
| Wellness Workshop         | Wellness Challenge         | New GroupEx Class          |
| Outdoor Fitness Excursion | Wellness Program (Other)   | Wellness Special Event     |
| Swim Lessons (Group)      | Swim Lessons (Private)     | Aquatics Program (Other)   |
| Aquatics Special Event    | Lifeguard Course           | CPR/First Aid              |
| Youth Enrich./Afterschool | Preschool                  | Live Y'ers                 |
| Youth Sports              | Break Camps                | Overnight Camps            |
| Teen Leadership/Gov't     | Teen Hiking Camp           | Teen Special Event         |
| Youth & Fam Meals         | Youth & Fam Special Events | Youth & Family Resources   |
| BIPOC Family Event        | CAC Program                | Clallam Resilience Project |
| Membership Event          | Membership Recruitment     | National Campaign Event    |
| Other                     |                            |                            |

### Please choose all Branches involved/included: \*

- YMCA of Jefferson County, 1925 Blaine St., Port Townsend, WA 98368
- YMCA of Port Angeles, 302 S. Francis St., Port Angeles, WA 983862
- YMCA of Sequim, 610 N. 5th Ave., Sequim, WA 98382
- Olympic Peninsula YMCA, 610 N. 5th Ave., Sequim, WA 98382

### PROGRAM TITLE, as you want to see it PUBLISHED:

Example, "Wellness Workshop: Understanding Your Metabolism": \*

**PROGRAM SUBTITLE (if applicable), as you want to see it PUBLISHED.**  
Example, "Why your diet is only one part of the whole picture":

**SHORT DESCRIPTION of program, as you want to see it PUBLISHED. \***

**DAXKO REGISTRATION LINK: (if you have it)**

**DAY OF THE WEEK OF THE PROGRAM (Please do not abbreviate):** Example "Monday"

**PROGRAM START DATE (please do not abbreviate into 11/19/24 format):**  
Example "November 30th, 2024" \*

**PROGRAM START TIME: \***

Hour Minutes

**PROGRAM END TIME:**

Hour Minutes

**NOTES ABOUT TIME:** Example, do you need to note pick-up/drop-off times? Is it different times from day-to-day? Please explain.

**ADDRESS THAT PROGRAM WILL TAKE PLACE:**

YMCA of Jefferson County, 1919 Blaine Street, Port Townsend, WA 98368

YMCA of Jefferson County, 1925 Blaine Street, Port Townsend, WA 98368

YMCA of Port Angeles, 302 S. Francis St., Port Angeles, WA 98362

YMCA of Sequim, 610 N. 5th Ave., Sequim, WA 98382

Other

**PARKING INSTRUCTIONS (or any other location instructions):**

**AGES OF PARTICIPANTS (or grades of participants) if applicable:**

**PROGRAM PRICE:**  
Members / \$35 Non Y Members or  
Members; \$15 for Non Y Members \*

\$25 Y  
Free for Y

**ANY EXTRA FEES:** **Are there any**  
materials fees or any other extra fees participants need to be aware of? If so, please elaborate.

**CONTACT INFORMATION FOR THE PROGRAM:**  
Example, "Charles Alice, Youth Sports Coordinator, 360-504-0525,  
calice@olympicpeninsulaymca.org."

**ANY OTHER INFORMATION YOU WOULD LIKE TO PROVIDE ABOUT THE PROGRAM (please explain):**