

PEACE COUNTRY FISH & GAME ASSOCIATION

PO Box 6147, Peace River, AB, T8S 1S1

www.pcfga.net

PROGRAM PLAN / PROPOSAL

Program Name: _____

Submitted By: _____ Date: _____

PROGRAM BASICS

WHO?

(Insert information regarding who the program is for, who will be the Program Coordinator(s), who else might be involved....)

WHAT?

(Insert information regarding the shooting discipline of the program and what it requires to operate.)

WHEN?

(Insert information regarding the duration, frequency, day of week, time, proposed schedule...)

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WHERE?

(Insert information regarding where the program will be facilitated.....trap range, pistol range, clubhouse, other ranges...)

WHY?

(Insert information regarding why this program is needed or beneficial.)

HOW?

(Insert information regarding any administrative aspects of the program... tracking and collection of NFA Insurance and/or participation fees, provision of reports and updates at General Meetings etc.)

NEEDS

(Insert information regarding any financial needs/requests or other barriers to running the program along with suggestions to address them.)