



GAME ON!

Summer Survival Training 2017

Virginia Recreation and Park Society
6372 Mechanicville Turnpike, Mechanicsville, VA 23111

Submission Deadline: **Friday, April 28, 2017**

E-mail completed Session Proposal Form to:
Lakita Watson @ lwatson@suffolkva.us or Roberto Ramos @ rros@vbgov.com
OR fax the completed Session Proposal Form to: Roberto Ramos @ 757-430-7402

Proposals must be typed or reproduced on a computer. Handwritten forms will not be accepted. Please do not use staples.

➤ **Session Title:**

➤ **Target Audience** (check all that apply):

- Supervisors
- Students
- Programmers
- Frontline Employees
- Volunteers
- Other: _____

Educational Theme (select from below):

- Organization
- Field Trip
- Marketing
- Athletics
- Arts and Crafts
- Teambuilding
- Supervision
- Group Games
- Special Populations
- Leadership
- Therapeutics
- Aquatics
- Conservation/Outdoor Program
- Activity Planning
- Other: _____

Session Description (please describe your session in 25 words or less):

➤ **Session Length:** 1 hour and 5 minutes 30 minutes

➤ **Learning Outcomes** (measurable behavior or performance objectives):
Participants will:

1.

➤ **Presentation Outline** (associate items in this outline to the Learning Outcomes above):

Topic	Outcome to be Achieved	Time Used
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1.

➤ **Session Logistics:** Speakers are encouraged to provide handouts or send session information to the Education Committee to be included on a CD given to the delegates. ***Please note laptops will not be supplied.**

Audio/Visual Equipment Needed:

Flip Chart & Markers DVD Player & Monitor Microphone
 LCD Projector/Video Projection Unit Other: open space and CD/Boom box

Special Requirements for Room Set-Up: ex: open space

Request for Specific Time for Session (if applicable) :

9:10am
 10:15am
 12:35pm
 1:45pm

Saturday, 6/10/2017 @ Brittingham-Midtown Community Center
570 McLawhorne Drive, Newport News, VA 23601

➤ **Speaker / Presenter Information:**

Attach a resume for each speaker. Each resume must include previous experience with this topic and include any professional certifications held by the speaker.

Name:

Title:

Agency or Organization:

Street Address:

City:

State:

Zip Code:

Work Phone:

Fax:

E-mail Address:

Cell:

Special Needs:

Has this speaker presented this topic before: No Yes

Provide a brief introduction (to be used for the speaker introduction during the session):

Additional Speakers: Maximum of 2 speakers for a 1 hour 10 minute session, with the exception of a panel session. There should be diversity in the speakers and their presentations.

1. Name:

Title:

Agency or Organization:

Street Address:

City:

State:

Zip Code:

Work Phone:

Fax:

E-mail Address:

Cell:

Special Needs:

Has this speaker presented this topic before: No Yes. Where & When:

Provide a brief introduction (to be used for the speaker introduction during the session):

2. Name:

Title:

Agency or Organization:

Street Address:

City:

State:

Zip Code:

Work Phone:

Fax:

E-mail Address:

Cell:

Special Needs:

Has this speaker presented this topic before: No Yes. Where & When:

Provide a brief introduction (to be used for the speaker introduction during the session):

For VRPS Staff Use Only:

Accepted for Conference:

No

Yes

Session Date:

Session Day:

Session Start Time:

Session End Time:

Resumes Received: