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| **RECREATION ACTIVITY PLAN** | | | | | | | | | | | | | |
| Name: | |  | | | | | | Underway | | | | | In port |
| Theme: | |  | | | | | | | | | | | |
| Purpose: | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Date: |  | | | | | | | Time: | | |  | | |
| Amount Budgeted: | | |  | | | | | | | | | | |
| Who will be participating? | | | | | | | | | | | | | |
| Adults | | | | Estimated Number |  | | Children | | | | | Estimated Number | |
| Single men | | | |  |  | | 3 years and under | | | | |  | |
| Single women | | | |  |  | | 4 - 6 years | | | | |  | |
| Couples (total persons) | | | |  |  | | 7 - 9 years | | | | |  | |
|  | | | |  |  | | 10 - 13 years | | | | |  | |
|  | | | |  |  | | 14 - 17 years | | | | |  | |
| Total (A) | | | |  |  | | Total (B) | | | | |  | |
| Estimated total number participating: (A + B) | | | | |  | | | | | | | | |
| Desired facility/location: | | | | | | Point of Contact: | | | | Estimated Cost: (C) | | | |
|  | | | | | |  | | | |  | | | |
| Shore patrol required? | | | | | Yes | | | | No | | | | |
| Medical personnel required? | | | | | Yes | | | | No | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Schedule of Activities** | **Time** | **Age Group Served** | **Point of Contact** |
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| **Food/Beverages** | | **Serving Time** | **Point of Contact** |
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| **NOTE:** Don’t forget to plan on how to serve if a large group will be going through a line. | | Estimated Cost *(if not included in cost of facility)*: (D) | |
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| Publicity/promotion plan of action: | Release Date: | | Point of Contact: | Estimated Cost: (E) | |
|  |  | |  | $ |  |
| Photography/video recording plan of action: | | | Point of Contact: | Estimated Cost: (F) | |
|  | | |  | $ |  |
| Decorations plan of action: | | | Point of Contact: | Estimated Cost: (G) | |
|  | | |  | $ |  |
| Transportation plan of action: | | | Point of Contact: | Estimated Cost: (H) | |
|  | | |  | $ |  |
| **Supplies/Services Needed** | | **Source** | | **Estimated Cost** | |
|  | |  | | $ |  |
|  | |  | | $ |  |
|  | |  | | $ |  |
|  | |  | | $ |  |
|  | |  | | $ |  |
|  | |  | | $ |  |
|  | |  | | $ |  |
|  | |  | | $ |  |
|  | |  | | $ |  |
| Total Estimated Cost for Supplies/Services: (I) | | | | $ |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Tasks and Staffing Requirements** | | | | | | | | | | | | | |
| Examples: setup, cleanup, photography, cooking, games, children’s activities, etc. | | | | | | | | | | | | | |
| **Task** | | | **Individual or Division Responsible** | | | **Deadline** | | **Date Checked** | | | | **Date Completed** | |
|  | | |  | | |  | |  | | | |  | |
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| **Financial Plan** | | | | | | | | | | | | | |
| Estimated total cost: (Add C through I) | | | | | | | | $ |  | | | | (J) |
| Estimated number participating: | | | | | | | |  |  | | | | (K) |
| Cost per participant: (J ÷ K) | | | | | | | | $ |  | | | | (L) |
| Recreation fund subsidy per participant: | | | | | | | | $ |  | | | | (M) |
| Actual fee charged per participant: (L - M) | | | | | | | | $ |  | | | |  |
| Total recreation fund subsidy: (K x M) | | | | | | | | $ |  | | | |  |
| Can recreation fund support? | | | | | Yes | | No | | | | | | |
|  | | | | | | | | | | | | | |
|  | | **IF:** | | **THEN:** | | | | | |  | | | |
|  | | Yes | | Continue as planned. | | | | | |  | | | |
|  | | No | | Reduce recreation fund subsidy and raise fee. | | | | | |  | | | |
|  | | | | | | | | | | | | | |
|  | **NOTE:** Ensure safety considerations are part of the plan. Don’t forget to plan to evaluate. | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | |