

## RECREATION FACILITY AND PROGRAM SURVEY

Name of Municipality \_\_\_\_\_

Your Name: \_\_\_\_\_

County Located in \_\_\_\_\_

Phone# \_\_\_\_\_

### **Recreation Programs:**

Place check mark (X) if the activity is offered in your municipality.

- Preschool program
- After-school program
- Before-school program
- Summer day camp
- Children program
- Teen activities
- Adult programs
- Senior activities
- Adult day care
- Special events
- Trips
- Soccer
- Lacrosse
- Basketball
- Baseball
- Softball
- Football
- Cheerleader
- Arts & Crafts programs
- Nature programs
- Fitness programs
- Outdoors programs (hike, canoe etc.)
- Concerts
- Programs for people with disabilities (Explain) \_\_\_\_\_

Others: \_\_\_\_\_

### **Facilities:**

- Pool(s) # \_\_\_\_\_
- Community center/recreation center
- Senior center/ adult day care
- Pre-school center/day care center
- Skateboard park
- Bike paths/trail system
- Playground (s) # \_\_\_\_\_
- Park(s) # \_\_\_\_\_
- Athletic Complex
- Dog Park

Other: \_\_\_\_\_

**Mail form to: State Office of Recreation, NJ Department of Community Affairs, PO Box 811,  
Trenton, NJ 08625-0811.**

**Any questions call 609 984-6654**