RECREATION FACILITY AND PROGRAM SURVEY

<table>
<thead>
<tr>
<th>Name of Municipality</th>
<th>County Located in</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Your Name:</th>
<th>Phone#</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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