Northern Community & School Recreation Coordinator Program

NORTHERN
Sport, Culture & Recreation District

Steering Committee Meeting Attendance

Use the checklist below to gain a better understanding of the unique contributions by members of your team can make.

Date: **Time:** **Location:**

Name:	Meeting Schedule Preference: ❑ Once per month ❑ Once every two months ❑ Other:	Meeting Time Frame: Best days/times for me to meet	Best method of contact (contact info and time of day):	Are you interested in attending training opportunities related to this program?	Other Resources or Contributions I can make: Knowledge, Time, Specific Skills, Access to Facility, Equipment, Money, Resources, Promotion/ Communication, Other