



Resource Profile Form

Name of Resource: _____

Contact Name: _____

Address: _____

Phone Number: _____ **Fax Number:** _____

Website Address (if applicable): _____

Email Address (if applicable): _____

Availability (circle all that apply): Spring Summer Fall Winter

Associated Fee: Y / N

Handicap Accessible: Y / N

Type of Resource (check all that apply):

- Nutrition Weight Management Physical Activity

Eligibility (check all that apply):

- Parent/Guardian Consent Open to only town/city residents
 Parent/Guardian Present
 Age Group Specific Open to public
 o If so, what ages: _____
 Other eligibility requirements: _____



Type of Activities Available (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> Martial Arts Studios |
| <input type="checkbox"/> Cycling | <input type="checkbox"/> Parks/Public Facilities |
| <input type="checkbox"/> Camps | <input type="checkbox"/> Walking/Running |
| <input type="checkbox"/> Child Activity Center | <input type="checkbox"/> Youth Sport Leagues |
| <input type="checkbox"/> Dance/Yoga/Gymnastics | <input type="checkbox"/> Weight-loss Center |
| <input type="checkbox"/> Fitness Facility/Multiple Amenities | <input type="checkbox"/> Farmer's Market |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Produce Stand |
| <input type="checkbox"/> Hockey/Skating | <input type="checkbox"/> Orchard |
| <input type="checkbox"/> Other Indoor Facilities | <input type="checkbox"/> Facility with cooking/nutrition classes |
| <input type="checkbox"/> Other Outdoor Facilities | |

Brief Description: _____

Please mail your completed form to the address below or fax it to 874-1007.

Let's Go!
P.O. Box 15200
Portland, ME 04112-5200
Attn: Melanie Horton