

CITY OF LITTLETON

2007 YOUTH RESOURCES DIRECTORY APPLICATION

Your Name _____

Your Phone # _____ E-mail address _____

Name of Program/Organization _____

Program/Organization Phone # _____

Program Address _____

Director/Contact _____

Description of Program _____

Cost (if applicable) _____

Hours of Operation (if applicable) _____

Category (circle one): Counseling • Education • Employment • Recreation • Health Care • Day Care • Other

If other, please provide a brief description:

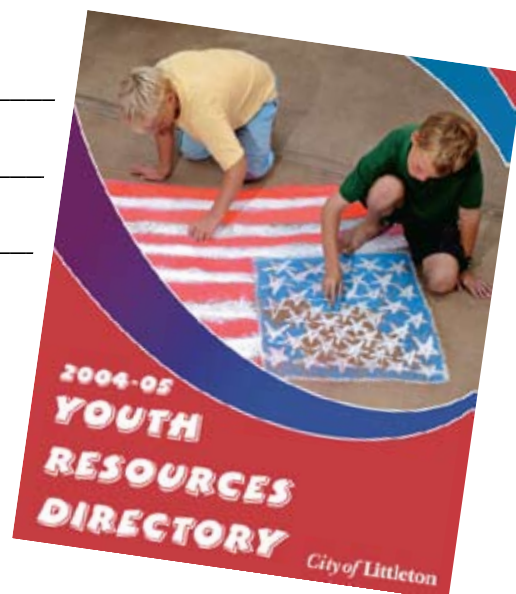
Do you have photos of your program? If so, these can be submitted via e-mail to charguth@littletongov.org.

Return application to:

City of Littleton • City Manager's Office
2255 W. Berry Avenue • Littleton, CO 80165
Attn: Chris Harguth

Or return via FAX to 303-795-3818

DEADLINE IS DECEMBER 29 AT 5 P.M.



City of Littleton