



## Summer Survival Training 2025

Virginia Recreation and Park Society

6372 Mechanicville Turnpike, Mechanicsville, VA 23111

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**Submission Deadline: Monday, May 5<sup>th</sup>, 2025**

E-mail the completed Session Proposal Form to:

Thurman Diamond, [tdiamond@cityofchesapeake.net](mailto:tdiamond@cityofchesapeake.net)

➔ **Target Audience** (check all that apply):

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Supervisors         | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Students            | <input type="checkbox"/> Other:    |
| <input type="checkbox"/> Programmers         |                                    |
| <input type="checkbox"/> Frontline Employees |                                    |

**Educational Theme** (select from below):

- |  |   |
|--|---|
| <input type="checkbox"/> Games Without Props | <input type="checkbox"/> Conservation/Outdoor Program |
| <input type="checkbox"/> Field Trip          | <input type="checkbox"/> Activity Planning            |
| <input type="checkbox"/> Marketing           | <input type="checkbox"/> Building Relationships       |
| <input type="checkbox"/> Athletics           | <input type="checkbox"/> Generations                  |
| <input type="checkbox"/> Arts and Crafts     | <input type="checkbox"/> Diversity                    |
| <input type="checkbox"/> Teambuilding        | <input type="checkbox"/> Accountability               |
| <input type="checkbox"/> Supervision         | <input type="checkbox"/> Nutrition/Cooking            |
| <input type="checkbox"/> Group Games         | <input type="checkbox"/> Therapeutics                 |
| <input type="checkbox"/> Inclusion           | <input type="checkbox"/> Teen Engagement              |
| <input type="checkbox"/> Leadership          | <input type="checkbox"/> Bullying                     |
| <input type="checkbox"/> Aquatics            | <input type="checkbox"/> Other:                       |

**Session Description** (please describe your session in 25 words or less):

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➔ **Session Length:** ☐ 1 hour

➔ **Session Title:**

➡ **Learning Outcomes** (measurable behavior or performance objectives):

Participants will:

1.

➡ **Presentation Outline** (associate items in this outline to the Learning Outcomes above):

Topic

Outcome to be Achieved

Time Used

1.

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➡ **Session Logistics:** Speakers are encouraged to provide handouts or send session information to the Education Committee to be included on a CD given to the delegates. **\*Please note laptops will not be supplied.**

Audio/Visual Equipment Needed:

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☐

Flip Chart & Markers

LCD Projector/Video Projection Unit

☐  
☐

DVD Player & Monitor

Other: open space and CD/Boom box

☐

Microphone

Special Requirements for Room Set-Up: ex: open space

Request for Specific Time for Session (if applicable)

☐

9:10am

☐

10:15am

☐

12:25pm

☐

1:30pm

Date: Saturday, 5/31/2025

Place: Brittingham-Midtown Community Center

570 McLawhorne Dr, Newport News, VA 23601

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➡ **Speaker / Presenter Information:**

Attach a resume for each speaker. Each resume must include previous experience with this topic and include any professional certifications held by the speaker.

Name:

Title:

Agency or Organization:

Street Address:

City:

State:

Zip Code:

Work Phone:

Fax:

E-mail Address:

Cell:

Special Needs:

Has this speaker presented this topic before:

☐

No

☐

Yes

Provide a brief introduction (to be used for the speaker introduction during the session):

**Additional Speakers:** Maximum of 2 speakers for a 1 hour 5-minute session, with the exception of a panel session. There should be diversity in the speakers and their presentations.

1. Name:

Title:

Agency or Organization:

Street Address:

City:

State:

Zip Code:

Work Phone:

Fax:

E-mail Address:

Cell:

Special Needs:

Has this speaker presented this topic before: No ☐ Yes. Where & When: ☐

Provide a brief introduction (to be used for the speaker introduction during the session):

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2. Name:

Title:

Agency or Organization:

Street Address:

City:

State:

Zip Code:

Work Phone:

Fax:

E-mail Address:

Cell:

Special Needs:

Has this speaker presented this topic before: ☐ No ☐ Yes. Where & When:

Provide a brief introduction (to be used for the speaker introduction during the session):

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**For VRPS Staff Use Only:**

Accepted for Conference:

☐ No

☐ Yes

Session Date:

Session Day:

Session Start Time:

Session End Time:

Resumes Received: