



PHYSICAL ACTIVITY OPPORTUNITY INVENTORY

Facility Name: _____

Facility Address: _____

City: _____ County: _____ Zip: _____

Contact Person: _____ Phone: _____

E-Mail: _____ Website: _____

Days & Hours of Operation: _____ Age Group Served: _____

Open to the Public: Yes No ADA Accessible: Yes No

Fee Associated with Use: Yes No If yes, how much? _____

Please post our facility information in the print and on-line PA Guide: Yes No

If you would like your facility logo on the map, please email to the address below.

Type of Facility:

- | | | |
|--|--|--|
| <input type="checkbox"/> Bowling Alley | <input type="checkbox"/> Golf Course | <input type="checkbox"/> Skating Arena/Rink |
| <input type="checkbox"/> Campground | <input type="checkbox"/> Mall | <input type="checkbox"/> Special Needs Program |
| <input type="checkbox"/> Church Facility | <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Sports Club |
| <input type="checkbox"/> City/Community Facility | <input type="checkbox"/> Park: City, County, State | <input type="checkbox"/> Swimming Pool |
| <input type="checkbox"/> Community Center | <input type="checkbox"/> Recreation Facility | <input type="checkbox"/> Trail/Walking Path |
| <input type="checkbox"/> Dance Studio | <input type="checkbox"/> School Facility | <input type="checkbox"/> Youth Program |
| <input type="checkbox"/> Exercise Facility | <input type="checkbox"/> Senior Program/Center | |

Type of Activities:

- | | | |
|---|--|--|
| <input type="checkbox"/> Aquatic Exercise | <input type="checkbox"/> Football Field | <input type="checkbox"/> Softball Field |
| <input type="checkbox"/> Aerobics | <input type="checkbox"/> Golfing | <input type="checkbox"/> Sports Instruction |
| <input type="checkbox"/> Baseball Field | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Summer Programs |
| <input type="checkbox"/> Basketball Court | <input type="checkbox"/> Hockey | <input type="checkbox"/> Swimming Pool |
| <input type="checkbox"/> Bicycle Trail | <input type="checkbox"/> Indoor Walking Area/Track | <input type="checkbox"/> Table Tennis |
| <input type="checkbox"/> Boating | <input type="checkbox"/> Martial Art Classes/Tai Chi | <input type="checkbox"/> Tennis Court |
| <input type="checkbox"/> Boxing Ring | <input type="checkbox"/> Playground Equipment | <input type="checkbox"/> Trail Club |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Pool Table | <input type="checkbox"/> Trail – Walking/Hiking/Nature |
| <input type="checkbox"/> Camp Sites | <input type="checkbox"/> Picnic Area | <input type="checkbox"/> Volleyball Court |
| <input type="checkbox"/> Dance Classes | <input type="checkbox"/> Racing: Go-Cart/Soap Box | <input type="checkbox"/> Walking/Running Club |
| <input type="checkbox"/> Equestrian Stables– Horseback Riding | <input type="checkbox"/> Racket Sports | <input type="checkbox"/> Water Trail |
| <input type="checkbox"/> Exercise Equipment | <input type="checkbox"/> Rock Climbing | <input type="checkbox"/> Weight Lifting |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Skating – Ice/Roller/Inline | <input type="checkbox"/> Wellness Center |
| <input type="checkbox"/> Fitness Classes | <input type="checkbox"/> Skiing | <input type="checkbox"/> Yoga |
| | <input type="checkbox"/> Soccer Field | <input type="checkbox"/> Zumba |

Description: _____

Submitted By: _____ Phone: _____

Please submit to: Krista N. Farley, M.S. ~ Youth Being Active Team Leader
 Kanawha-Charleston Health Department ~ KEYS 4 HEALTHYKIDS
 108 Lee Street, East, Charleston, WV 25301
 Phone: (304) 348-6493 Fax: (304) 348-6821 E-Mail: krista.n.farley@wv.gov