



## Irvine Senior Services Program Proposal

Program Title: \_\_\_\_\_

Describe Program in Detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Preferred Location (check all that apply):**

- Lakeview Senior Center
- Rancho Senior Center
- Trabuco Center

**Preferred Day (check all that apply):**  M  Tu  W  Th  F  Sa

**Preferred Time:** \_\_\_\_\_

**Length of Program:** \_\_\_\_\_ Hour(s) \_\_\_\_\_ Minutes

**Duration of Program:**  One Time  Weekly  Monthly

**Minimum & Maximum Number of Participants:** Min: \_\_\_\_\_ Max: \_\_\_\_\_

**Are you looking to be compensated for your program?**  Yes  No

**If yes, how much will the program cost per student per day?\*** \$ \_\_\_\_\_

*\* Please note the City of Irvine retains 40-50% of the total class revenue.*

**Additional Information:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Submit Completed Forms To:**

Kristen Reid

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949-724-6817