



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 50% of the total class revenue.*

Additional Information: _____

Name: _____ **Phone:** _____

E-mail: _____

Submit Completed Forms To:

Kristen Jefferson

kjefferson@cityofirvine.org

949-724-6817