



6811 La Jolla Blvd. La Jolla, CA 92037 (858) 459-0831 www.ljcommunitycenter.org

PROGRAM PROPOSAL

Company/Name: _____

Email: _____ Website: _____

Phone: _____ Cell: _____

License No. _____ Expiration Date: _____

Insurance No. _____ Insurance Company: _____

Program Start Date: _____ Program End Date: _____

Day(s): Monday Tuesday Wednesday Thursday Friday Saturday

Starting Time: _____ Ending Time: _____ Frequency of course: _____

Length of Course/Program: _____ Member Fee: _____ Non-Member Fee: _____

Program/Event Description: _____

APPROVED BY:

Executive Director

Date

Program Committee Chair

Date