THE RIFORD CENTER
6811 La Jolla Blvd.
La Jolla, CA 92037

PROGRAM/EVENT PROPOSAL

Company/Name:_____

Address:_____ **City:** _____**State:** ____ **Zip Code:**_____

Phone No._____ **Cell No.**_____

License No. _____ **Expiration Date:**_____

Insurance No._____ **Insurance Company**:_____

Program Starting Date: _____ **Program Ending Date** _____

Days: ☐ **Monday** ☐ **Tuesday** ☐ **Wednesday** ☐ **Thursday** ☐ **Friday** ☐ **Saturday** ☐ **Sunday**

Starting Time: _____ **Ending Time:** _____

Members Fee: _____ **Non Members Fee:** _____ **Income to Riford:** _____

Program/Event Description: _____

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APPROVED BY:

_____ _____

Executive Director **Date**

_____ _____

Program Committee Chair **Date**