|  |  |
| --- | --- |
| **Name of Group/Organization:**  **(Please include contact information.)** | Group Name:  Point of Contact:  Email:  Phone: |
| **Requested program Date/Time**  **(Include multiple dates if necessary.)**  **Outreach fees are $25.00 per hour/session.** | Requested date:  Time:  Total (Office use): |
| **Type of Program Requested:**  **(Please circle or write in format.)** | Zumba/Dance Cycle Fit TRX Boot Camp  Yoga Pilates Office Yoga  Wellness Talk/Presentation OTHER \_\_\_\_\_\_\_\_\_\_ |
| **Group/Organization details:** | FOP/Banner Number (for WSU groups only)  Fund \_\_\_\_\_\_\_\_\_\_\_  Org \_\_\_\_\_\_\_\_\_\_\_\_\_  Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Rec Fit Outreach Request Form /Invoice



Contact: Kara Donbrock

Program Manager, Fitness and Wellness

Office of Campus Recreation

[kara.donbrock@wright.edu](mailto:kara.donbrock@wright.edu)

Phone: 937-775-5816

[www.wright.edu/campus-recreation](http://www.wright.edu/campus-recreation)

**If paying by check, please make checks payable to Wright State University.**

**Mailing Address:**

Wright State University

Office of Campus Recreation

092 Student Union

3640 Colonel Glenn Hwy.

Dayton, Ohio 45435-001

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| --- |
| **Office Use Only:** |
| **Date program request received \_\_\_\_\_\_\_ RF staff \_\_\_\_\_\_\_ NP org \_\_\_\_\_\_\_\_** |