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| --- | --- |
| **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 YogaWellness 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

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 \_\_\_\_\_\_\_\_** |