



REC FIT OUTREACH REQUEST FORM /INVOICE

Contact: Kara Donbrock
 Graduate Assistant, Fitness and Wellness
 Office of Campus Recreation
donbrock.2@wright.edu
 Phone: 937-775-5505
www.wright.edu/campus-recreation

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 _____

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

Office Use Only:		
Date program request received _____	RF staff _____	NP org _____