### Name of Group/Organization:
(Please include contact information.)

<table>
<thead>
<tr>
<th>Group Name:</th>
<th>Point of Contact:</th>
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<tbody>
<tr>
<td></td>
<td>Email:</td>
</tr>
<tr>
<td></td>
<td>Phone:</td>
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</table>

### Requested program Date/Time
(Include multiple dates if necessary.)
Outreach fees are $25.00 per hour/session.

<table>
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<tr>
<th>Requested date:</th>
<th>Time:</th>
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### 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:

<table>
<thead>
<tr>
<th>FOP/Banner Number (for WSU groups only)</th>
<th>Fund</th>
<th>Org</th>
<th>Program</th>
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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