Wellness Event Request Form

Upon completion, this form must be submitted to Jamie Swyers at jdarling2@liberty.edu. Fees will be determined upon completion of this form at the discretion of the Campus Recreation Department. Requests must be submitted at least one month prior to the date requested. Completing this form does not guarantee approval of your event. For more information please contact the LaHaye Student Union at (434) 592-3221.

Date(s) Requested: ___________________________________________________________________

Liberty University Department: _______________________________________________________

Event Type:

Speaking:
- O Fitness 101: Assess and Revamp Your Exercise Program
- O Finish Strong: How to Stay Motivated to Achieve Your Goals
- O The Balancing Act: Fitness For Busy People
- O Getting Started: How to Begin an Exercise Program
- O The Truth About Fitness Trends
- O 7 Steps To Raise Your EQ
- O Microwavable Meals: Fast, Fresh, & Fun
- O Why Whole Grains?
- O Fueling Your Workouts
- O GMOs: Should I Be Concerned?

Pop Up Classes:
- O Pilates
- O Foam Rolling
- O No Equipment Boot Camp
- O Sweat-Free Fit Break
- O Other: _____________________

Consultations:
- O Personal Trainer Consultation
- O Dietitian Consultation
- O Health Coach Consultation

Requested Time: __________________________ Location: __________________________________

Size of Space: _______________________________ Number of Persons Attending: _______________

Demographic Description (age, gender etc.):________________________________________________

____________________________________________________________________________________

Technology Available (Stereo, PowerPoint Screen, etc.): ______________________________________

____________________________________________________________________________________

Requestor (PRINT): ________________________________ Phone: _____________________________

Address: ________________________________________ Cell: _______________________________

City, State, Zip: __________________________________ Email: ______________________________

Signature: _______________________________________ Date: ______________________________

For Office Use Only: Manager’s Initials: _______ Today’s Date: _____________ Time: ____________

Amount Due: __________ Date Paid: __________ Work Order #: _______________

Approval Signature: ___________________________ Date: ___________________________