



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 Strong: How to Stay Motiva O The Balancing Act: Fitness For Bus O Getting Started: How to Begin and O The Truth About Fitness Trends O 7 Steps To Raise Your EQ O Microwavable Meals: Fast, Fresh, O Why Whole Grains? O Fueling Your Workouts O GMOs: Should I Be Concerned?	ited to Achieve Your Goals by People Exercise Program	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:	of Space: Number of Persons Attending:		
Demographic Description (age, gen	nder etc.):		
Technology Available (Stereo, Pov	werPoint Screen, etc.):		
Requestor (PRINT):	Pho	ne:	
Address:	Cell	:	
City, State, Zip:	Ema	il:	
Signature:	Date	e:	
For Office Use Only: Manager's In	nitials: Today's Da	te: Time:	
Amount Due: Da	ate Paid: Wo	Work Order #:	
Approval Signature:	Dat	te:	