LOYOLA CAMPUS RECREATION
GROUP FITNESS INSTRUCTOR REQUEST FORM:

CONTACT INFORMATION (completed by requestor)

Today’s Date: _________________
Name of Requestor: _______________________________ Phone Number: _________________
Email Address: ______________________________
Full Name of Organization/Campus Group: ________________________________________________

EVENT INFORMATION (completed by requestor)

Event Name/Type: ___________________ _____________ Location: _________________________
Date Requested:  ___________________ Time Requested: ___________________
Alternate Time/Date if applicable: _______________________________________________________
Requested Class Format: ___________________ Requested Instructor (If known): ______________
Class Length: (30, 45, 60): __________________
Anticipated Number of Participants:  _________
Additional Details:  ___________________________________________________________________
___________________________________________________________________________________

PAYMENT INFORMATION (completed by requestor)

[Please circle or bold the preferred method of payment]

1. Pay Instructor Directly              2. Budget Transfer / Account #:
   [Please provide number] ________________

Please submit your completed form to Megan Morris at mmorris4@luc.edu to secure a group fitness instructor for your campus event no later than two weeks prior to an event. Preference will be given to events scheduled in advance. All scheduling must be done using this form and with the Campus Recreation department, and not the instructor directly. If you have any questions, please email Megan.