



UNC DEPARTMENT OF CAMPUS RECREATION Office Workshop Request Form

*This form must be completed and returned **NO LATER THAN 10 BUSINESS DAYS PRIOR TO THE SCHEDULED EVENT.**
Please note that the completion of this application does not guarantee approval.*

GROUP OVERVIEW:

Group Name: _____ Estimated Group Size: _____

Group Type (Res Hall, Student Org, Department, etc.): _____

GROUP CONTACT:

Primary Contact Name: _____

Primary Contact Number: _____ Email: _____

DAY/DATE/TIME PREFERENCE: *(List the day, date, and time you would the workshop to be held)*

Option 1: Day _____ Date _____ Time _____

Option 2: Day _____ Date _____ Time _____

Option 3: Day _____ Date _____ Time _____

WORKSHOP SELECTION:

_____ OFFICE ENERGIZERS

_____ WALK YOUR WAY TO WELLNESS

_____ JUMP START YOUR FITNESS PROGRAM

_____ OTHER (please provide details below)

SPECIAL CONSIDERATIONS/ADDITIONAL INFORMATION:

Once we receive your request form we will be contacting you with specific information on dates, times and room arrangement requests.

Thank you for your interest in our Campus Recreation Office Workshops.

Office Use Only

Request Received

Contact Date:

Assigned to:

Program Date & Time: