



**Longwood Campus Recreation
Private Small Group Training Request**

This form must be submitted two weeks prior to desired program

Name of Person submitting application: _____

Organization/Department: _____

Contact Phone Number: _____

Email Address: _____

Method of Payment (Please Check One): ___ Check ___ Cash ___ Lancer Cash

Desired Program (Please Circle):

**Each session is one hour*

One time: \$30

1x/week 6 weeks: \$150

2x/week 6 weeks: \$250

Number of participants taking a part in the program (Maximum is 15): _____

Experience of average participant in the group: Skilled Intermediate Beginner

List three dates and times for desired program:

- 1.
- 2.
- 3.

Location: Midtown Fitness Performance Center

Submit application to: The Campus Recreation Office- 304 Health and Fitness Center

Office Use Only:

Date Received: _____

Time: _____

Payment Amount: _____

Staff Signature: _____