Campus Recreation
Fitness
2019-20 Group Fitness Instructor Request

Thank you for your request. There is a $35 per hour instructor fee (minimum 1 hour) billed via interoffice budget transfer. NO CASH PAYMENTS. Kindly provide 3 week’s advanced notice. Email completed request form to lstupi@towson.edu. For any questions and concerns please contact the Coordinator of Fitness Programs, Lynette Stupi @ X 5627.

Today’s Date: ____________ /Date of event: ____________

Dept/Student Organization name: ______________________ (ie. Sorority, Club name, etc.)

Type of Event being hosted: ______________________

Time of Event - Start time: _____ End time: _____ Total time (# of hours): 1 Hour minimum

Location: ______________________ *Please indicate building name and room number

Do you need a sound system/microphone: ________ (Instructor/CR does not provide)

(Please use this link to put in a request to use a Towson University Facility and/or CRS facility and request audio/visual if needed) http://fusion.towson.edu/www/facilityreservations/

Expected # of Participants ___________

Preferred Class Style:                   
   - Indoor Cycling (max 25)  
   - Zumba  
   - Yoga  
   - Boot Camp  
   - Boxing (max 12 persons)  
   - Meditation  
   - Other:___________

Preferred instructor: ______________________ (request for specific instructor is not guaranteed)

Person Submitting Request: ______________________
Requestor’s TU ID: ___________________________    Phone #: (____) ______-__________
Email: ___________________________@students.towson.edu

Contact Person for Requested Event: ______________________
Contact Person’s TU ID: ___________________________    Phone #: (____) ______-__________
Email: ___________________________@students.towson.edu

Required Dept. ID #__________    Account Code for interoffice billing: ____________
Bill to the attention of: ______________________ (professional staff point of contact) and Billing contact’s mail: ___________________________@towson.edu
(Students, please contact the professional staff overseeing your group for this information).

Official Use Only:
CR Approved______________  Date Approved: ______________  Instructor Assigned:______________
Format Presented:__________/______Total hours  Amount Charged:__________  Paid On: ________________