

Wellness Program Request Form

Choose type of request:

Staff Meeting of Training

General Wellness Program

Name of Program (example, Healthy Meals in Minutes):

1st Choice

2nd Choice

Preferred Program Dates:

1st Choice

2nd Choice

Preferred Program Times:

1st Choice

2nd Choice

Address: (Please include building name, room name or room number)

Contact Name and phone number

Email address

Please make sure:

The room can accommodate the type of class being requested

The room will be unlocked for the instructor

The room can or will be set up prior to the program

OFFICE USE ONLY

Instructor confirmed

Name of Instructor:

Confirmed Title of Program:

Confirmed Location:

Entered on calendar

Notification sent to contact person