

Request for Rec Services Personal Training Presentation



DATE OF REQUEST: _____

REQUESTING GROUP:

Group Name: _____ University Affiliation: _____

Address: _____

GROUP REPRESENTATIVE:

Name: _____ Position: _____

Address: _____ E-Mail: _____

Phone: _____ Work: _____

BEFORE PRESENTATION:

PRESENTATION REQUEST:

DATE OF PRESENTATION: _____ **TIME:** _____

LOCATION: _____

TOPIC/PROJECT: (be specific)

PARTICIPANTS:

Who: _____

Project Number: _____

MATERIALS REQUESTED: _____

PERSONNEL REQUESTED: _____

AFTER PRESENTATION:

DATE: _____ **TIME:** Start: _____ End: _____

PRESENTORS: _____

LOCATION: _____

NUMBER IN ATTENDANCE: _____

COMMENTS: _____
