Off-Site/Special Event Instructor/Trainer Request Form

Organization/Department Name: ________________________________________________

Organization/Department Contact Name: _______________________________________

Organizer Phone Number: ____________________________

Today’s Date: ________________

Desired Date of Event: First Choice: ________ Second Choice: ________

Desired Time of Event: First Choice: ________ Second Choice: ________

Event Venue: ____________________________________________ Please note that if you need to reserve one of our venues, you’ll need to submit a Facility Request Form available at recreation.fiu.edu

Type of Class/Service Desired (i.e. Zumba, Yoga, etc.): __________________________

Please indicate if you have a specific desired Instructor or Trainer __________________

Payment Information: Instructor reservation rate is $35/hour class for off-site classes.

Please indicate how you’d like to pay:

___ Visit the WRC Front Desk to pay by cash or credit card

___ Pay with Activity Number (for SMART Bill)

   Please provide Activity Number: ____________________________

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   (Internal use only)

Instructor Assigned: ____________________________

Payment Request Date: ____________________________

Payment Date: ____________________________