

SCSU GROUP FITNESS

PRIVATE GROUP EXERCISE CLASS REQUEST

DATE _____

NAME OF GROUP & AFFILIATION: _____

OF PARTICIPANTS IN GROUP: _____
MINIMUM OF 10 PARTICIPANTS/ MAXIMUM OF 24 FOR INDOOR CYCLING

CONTACT PERSON: _____

TELEPHONE NUMBER _____

EMAIL ADDRESS _____

CLASS FORMAT REQUESTED (YOGA, INDOOR CYCLING, PILATES, STEP, MUSCLE CONDITIONING, ETC)

IF YOU HAVE A PREFERENCE, PLEASE LIST THE INSTRUCTOR'S
NAME _____

DAYS PREFERRED: MON TUES WED THURS FRI SAT SUN

TIME PREFERRED: _____

*PLEASE NOTE THAT PRIVATE SESSIONS ARE BASED ON THE AVAILABILITY OF
GROUP EXERCISE SPACES AT SCSU.
WE WILL DO OUR BEST TO ACCOMMODATE YOUR GROUP.*

PRIVATE CLASS FEES PER GROUP

STUDENT PROGRAMS: \$20.00

SESSIONS ARE 50 MINUTES IN LENGTH

PLEASE CONTACT DANI AT GROUPFITNESS@STCLOUDSTATE.EDU OR 320.232.8274