

Date: _____



DEPARTMENT OF
Wellness

For Office Use Only:
Receipt Attached _____

SMALL GROUP TRAINING RENEWAL FORM

First Name: _____ Last Name: _____

Phone # _____ Email: _____ CWID: _____

1.) How many training sessions would like to work with your trainer per week? 2 ____ or 3 ____

2.) Do you have a specific trainer in mind? Yes No If yes, please specify: _____

3.) Please list the additional participants in your Small Group (4-6 participants per group):

4.) Method of payment: Cash ____ Check ____ Bursar Account ____ Credit Card ____

Note: Small Group Training sessions are **non-refundable**

Check preferred days/times	Early Morning 6-8 am	Mid-Morning 9-11 am	Early Afternoon 12-2 pm	Mid-Afternoon 3-5 pm	Early Evening 6-8 pm	Late Evening 9 pm-12 am
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						

For more information call 744-5510 (Colvin Recreation Center) 744-9355 (Seretean Wellness Center) or email wellness@okstate.edu

PLEASE RETURN COMPLETED FORM TO:

Colvin Recreation Center Business Office (101)

or

Seretean Wellness Center Front Desk