



**Please complete the following form to schedule an event at your facility.  
Be sure to provide all requested information.**

**Host Facility Information**

Facility Name: \_\_\_\_\_

Facility Mailing Address: \_\_\_\_\_

Facility Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title of Certification Workshop Requested:

**1)** \_\_\_\_\_

1<sup>st</sup> choice of date:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

2<sup>nd</sup> choice of date:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Title of Certification Workshop Requested:

**2)** \_\_\_\_\_

1<sup>st</sup> choice of date:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

2<sup>nd</sup> choice of date:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Available Time to Access Pool (if applicable): \_\_\_\_\_

Available Time to Access Aerobic Studio (if applicable): \_\_\_\_\_

Available Time to Access Weight Room (if applicable): \_\_\_\_\_

Name of Closest Airport: \_\_\_\_\_

Name of Nearby Hotel/Motel: 1) \_\_\_\_\_

Phone: \_\_\_\_\_

2) \_\_\_\_\_

Phone: \_\_\_\_\_