



MWR FITNESS INSTRUCTOR REQUEST FORM

MWR-Led Fitness Training Session

Please fill out form in its entirety. Email completed form to the Fitness Manager, Jerrick Fabro at jerrick.fabro@navy.mil or grlkmwrsportsand.fct@navy.mil

TO BE FILLED OUT BY REQUESTING COMMAND POC

DATE OF REQUEST:		COMMAND:	
POC RANK/NAME/POSITION:			
POC EMAIL:		POC PHONE NUMBER	
PREFERRED CLASS FORMAT:		NUMBER OF PARTICIPANTS:	
FITNESS LEVEL: <input type="checkbox"/> FEP <input type="checkbox"/> BEGINNER <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED			
PREFERRED DATE OF SESSION:		PREFERRED TIME:	
SCHEDULE: <input type="checkbox"/> ONE-TIME <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY			
DAYS (IF REOCCURRING): <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY			
LOCATION: <input type="checkbox"/> GYM 4 <input type="checkbox"/> BLDG 440 <input type="checkbox"/> BLDG 2A <input type="checkbox"/> FIT PIT <input type="checkbox"/> CONSTITUTION FIELD			
<input type="checkbox"/> OTHER: (PROVIDE LOCATION ADDRESS)			
I have read and agree to the policies and procedures as outlined in the "MWR-LED OUTDOOR/INDOOR COMMAND FITNESS TRAINING" one-page sheets.			
REQUESTOR NAME:		REQUESTOR SIGNATURE:	

FOR ADMINISTRATIVE USE ONLY

COMMAND:		<input type="checkbox"/> LARGE COMMAND <input type="checkbox"/> GROUP FITNESS PT <input type="checkbox"/> FEP	
CLASS FORMAT:		INSTRUCTOR:	
DATE:	TIME:	LOCATION:	
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		MANAGER'S SIGNATURE:	DATE: