Fitness on the Fly Request Form  
Department of Sports and Recreation

Please make sure that this form is filled out in its entirety before submission. Incomplete forms will not be processed. Submitting this form does not guarantee confirmation of your request. This form must be submitted to Carolyn Kuzontkoski, Associate Director, by email or fax. Please note that prior to participation, we will require a list of participants and all participants will be required to complete a waiver of liability form.

Email: ckuzontk@kennesaw.edu  Fax: 470-578-9198

Activity Information (Please Print Clearly)

Type of Activity: _____________________________

Requested date of activity: ___/___/______ /

Requested activity duration: ___________ (in hours and/or minutes)

Requested activity start time: _____:_____ AM/PM

Requested activity location: ______________________________________________________

City: __________________________ State: ___ Zip: ______

Instructor and/or Trainer Request (if applicable): ________________________________

Contact and Payment Information (Please Print Clearly)

Organization/Department/Group: ______________________________________________

Contact Name: __________________________ (Last)  (First)  (MI)

Relationship to organization/department/group: __________________________________

KSU ID #: __________________________ Affiliation with KSU:  Student  Faculty  Staff  Alumni  Other:

Email: ______________________________

Phone: ____________________________

Funding source for activity: __________________________  Activity budget: $_______________

Additional Information:

- Declaration of attendance (number of confirmed participants): ____________________________
  The minimum number of participants may vary.
- Each participant must complete individual paperwork that will be given to the contact person to distribute to the group. Required paperwork may include but is not limited to: Medical/Health History Form, Waiver of Liability, Photo Release, and a Physical Activity Readiness Questionnaire.
- Age Requirements: All participants must be at least 18 years of age.
Equipment

Will your activity require a stereo system?  □ Yes □ No

Will your activity require any specific equipment (i.e. yoga mats, etc.)?  □ Yes □ No

If yes, what equipment would you like to include in your request?  

Event Description: (Please use the space below to briefly describe your event).

- Activity Participants (i.e. students, faculty, staff, etc.):

- Goal or Purpose of activity (i.e. fitness awareness, stretching, yoga, etc.):

- Is participation in this activity mandatory or voluntary?

- Will the organization/department/group be paying for all of the participants?

- Will your organization/department/group’s advisor be attending/participating (if applicable)?

- Specific topics or areas you would like covered:

- Please describe the space in which the activity will take place:

- Other important details:

Follow Up:

Once submitted, your form will be reviewed by our Associate Director. We will follow up with you on the availability of your request.