

# Longwood Campus Recreation Private Group Fitness Class Request Form



\*This form must be submitted 1-2 weeks prior to desired date of class\*

Requestor Name: \_\_\_\_\_

Organization: \_\_\_\_\_

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

Email: \_\_\_\_\_

**Each group fitness class is 60 minutes in the Group Fitness Studio. \*If more than 25 participants, the class will be held in the MAC Gym. Please check the desired class. Pricing is based on amount of participants.**

4-10 participants = \$30/class    11-20 participants = \$40/class    21+ participants = \$50/class

- Spin (max of 18 participants)
- Spin Bootcamp (max of 18 participants)
- Yoga\*
- Mat Pilates (max of 18 participants)
- Strength Surge\*
- Dance Fit\*
- Butts N Guts\*
- Cardio Kickboxing
- Zumba
- Strength Bootcamp

Anticipated number of participants: \_\_\_\_\_

**Please list 3 dates and times in order of the preferred desired class date/time. We will do our best to accommodate based on instructor and location availability.**

1) Date: \_\_\_\_\_ Time: \_\_\_\_\_

2) Date: \_\_\_\_\_ Time: \_\_\_\_\_

3) Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Please provide details for themes and/or ideas you would like the instructor to program for class (music, specific equipment usage, etc.). If left blank, class programming will be up to the discretion of the instructor.**

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Office Use Only:

Date Received: \_\_\_\_\_

Payment Received

Staff Signature: \_\_\_\_\_

[ ] Cash    [ ] Check # \_\_\_\_\_    [ ] Budget Code    [ ] Lancer Cash

# Longwood University - Private Group Fitness Class Policies and Procedures



## Scheduling

- Complete the Private Group Fitness Request Form and submit to the Office of Campus Recreation (Pierson Hall, 3rd floor) or via email to the Associate Director of Campus Recreation at [robinsoncn@longwood.edu](mailto:robinsoncn@longwood.edu)
- Pay for group fitness class **in-person** at the Office of Campus Recreation, Monday-Friday 8:30am-5:00pm
- For questions, contact the Associate Director of Campus Recreation at [robinsoncn@longwood.edu](mailto:robinsoncn@longwood.edu) or call (434)-395-2175.

## Payment Procedures

Payments are to be made in full to the Office of Campus Recreation prior to the start date of the group fitness class.

## Cancellation Policy

The requestor is required to give the Assistant Director, Fitness and Informal Recreation, an advanced notice of **at least 24 hours** if unable to attend the group session. If a 24 hour notice is not received, *the requestor will forfeit the group session*.

The group instructor is not permitted to cancel a group session unless it is due to illness or an emergency situation. If the group instructor must cancel, they are required to give the Assistant Director, Fitness and Informal Recreation, an advanced notice of **at least 24 hours**.

## Tardiness

The requestor and group instructor are expected to begin the group session at the scheduled start time. If the requestor is tardy to the group session, that time will be deducted from their group session time (i.e., if 10 minutes late, only 50 minutes of the session remain). The group instructor will wait 15 minutes after the scheduled start time after which *the entire session will be forfeited*.

The group instructor is not permitted to arrive late to the scheduled group session. If the group instructor is tardy, that time will be used at that group session or added to a different group session (determined by the requestor). If the group instructor fails to show within 15 minutes of the scheduled start time, the requestor should contact the Associate Director of Campus Recreation, and a make-up session will be scheduled.

## Refunds

Refunds will only be given to group sessions if there is a medically documented reason. If the requestor is unhappy with their group instructor, they should contact the Associate Director of Campus Recreation, immediately so that other arrangements can be made.

*I have read, been given the opportunity to ask questions and understand the policies and procedures of Longwood University's Private Group Fitness Program.*

Client Signature \_\_\_\_\_

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