



Request for Exercise and Relaxation Classes (only fill out this form if you are a University of Michigan faculty / staff / student, and can secure a room in which to hold the class on your site)

Your Name: _____

Email: _____

UM Dept. name: _____

Work phone: _____

Time of day class requested

- 1.
- 2.
- 3.

Day of the week class requested

- 1.
- 2.
- 3.

Type of Class requested

- 1.
- 2.
- 3.

Is there a room in which to hold the class on your site?

Can you secure / reserve the room for the weeks of the class?

Please send this form to:
MFit Exercise and Relaxation Classes
2850 S. Industrial, Suite 600
Campus Box 6773

Or fax it to 734-975-3012