



PERSONAL TRAINING INTEREST FORM

Name _____ Date of Inquiry _____

Phone Number _____ Email _____

Trainer Preference (optional): _____

Member **Non-Member**

Availability

Please specify: Morning, Afternoon, Evening or exact times.

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Session Package Interest

Half-Hour Sessions Hour Sessions

On-going Sessions Single Session

Are there any medical conditions we should be aware of?

What are the goals you hope to accomplish through training?

SOMEONE WILL CONTACT YOU WITHIN THE NEXT 2 BUSINESS DAYS.