



For office use only:
Once completed, please put in Jenny's mailbox.

**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Personal Training Request Form

Check one:

1-on-1 Training Sessions _____ Buddy Training Sessions _____

How many sessions are you interested in purchasing? _____

Name: _____ Phone: _____

Please put a check mark for the days & times you have availability to train:

Time/Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6-8am							NA
8-10am							NA
10am-12pm							
12-2pm							
2-4pm							
4-6pm							
6-9pm						NA	NA

How many sessions per week would you like to work with your trainer? _____

We do our best to match you with the trainer that best fits your needs/goals at the times you are available to train. If you have a specific trainer you'd like to request, please list their name below. Please keep in mind, specific trainers cannot be guaranteed as availability can be limited or not match up with your available training times.

Do you have a preferred trainer? _____

If not, do you prefer a male or female trainer? _____

Brief description of goals (lose weight, gain strength, train for marathon, improve speed & agility, improve balance, etc.):

Do you have any medical conditions, injuries, knee, hip or back problems or special needs? If so, please describe.

We will submit your request to our personal training staff and someone will contact you shortly to set up your initial assessment.