

PERSONAL TRAINER REQUEST FORM

NAME: _____ TODAY'S DATE: ____ / ____ / ____

EMAIL: _____ PHONE NUMBER: _____

CONTACT VIA: PHONE EMAIL BETWEEN THIS TIME: _____ OR ANY TIME

TRAINING AVAILABILITY

DAYS: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY

TIME: EARLY MORNING MID MORNING MIDDAY AFTERNOON EVENING

Please provide all available times or further detail below:

PT SESSION DURATION: 30MIN 45MIN 1 HR FREQUENCY: _____ PT SESSIONS PER WEEK

MAJOR TRAINING GOALS

IMPROVE FITNESS

BUILD MUSCLE

LOSE WEIGHT

Please tell us more below:

ANY PAST OR PRESENT INJURIES?: NO YES If yes, provide details below:

PT PREFERENCE?: FEMALE MALE NO PREFERENCE

If you have a specific preference, please let us know:

Thanks for your request! Our gym will get back to you within 3 days.

TRAINER INITIATING REQUEST:

TRAINER COMMENTS: