

## Personal Training Request Form

		,	
Name:	Age:	Banner ID: @	
Gender: Female Male	STATUS: S	tudent Faculty/Staff	Alumni
Phone:	Email:		
Address:		_	
City:	Zip:		
Are you currently working with a trai	ner? YES NO If yes, wh	nom?	
Circle Requested Training Package:			
1-Hour Sessions	30 Minute Sessions	Share-A-Trainer	
1 session for \$25	4 sessions for \$80	1 session for \$40 (\$20 per person)	
4 sessions for \$90	<b>8 sessions</b> for \$140	4 sessions for \$110 (\$55 per person)	
8 sessions for \$160	40 1 6 4040	<b>8 sessions</b> for \$175 (\$87.50 per person)	
<b>16 sessions</b> for \$300	<b>16 sessions</b> for \$240	<b>16 sessions</b> for \$320 (\$160	
<b>24 sessions</b> for \$410	*ALL sessions are 30 minutes in	<b>24 sessions</b> for \$425 (\$212.50 per person)	
*1 <sup>st</sup> session is 1.5 hours, all other sessions are 1 hour	duration	*1 <sup>st</sup> session is 1.5 hours, all other sessions are 1 hour	
Sharing with (if applicable):			
Referred By:			
Personal Trainer 1 <sup>st</sup> and 2 <sup>nd</sup> Preference (This is only a preference it is not a guar Preferred day(s) and time(s) of traini	uarantee)		
PLEASE NOTE: This form must be tur your trainer to schedule your first se		his will ensure you that you are co	ontacted by
*To receive optimum benefits fi	rom the personal training prograi one session be used per we		inimum of
Signature	<del></del>	Date	
Staff Use Only: Date Purchased:	Sold by:	Amount Paid:	
Method of payment:			
Date Trainer Contacted:	Date of Fitness Assessmen	t·	