

Personal Training Request Form

Name:	Age: Banner ID: @			
Gender: Female Male	STATUS:	Student	Faculty/Staff	Alumni
Phone:	Email:			
Address:				
City:	Zip:			
Are you currently working with a trainer? YES	NO	If yes, whom	1?	
Circle Requested Training Package:				
Individual Training Packages:	Share-A-Trainer Packages:			
1 session for \$25	1 session for \$40 (\$20 per person)			
4 sessions for \$80 (\$20/session)	4 sessions for \$120 (\$60 per person)			
8 sessions for \$130 (\$16.25/session)	8 sessions for \$180 (\$90 per person)			
12 sessions for \$180 (\$15.00/session)	12 sessions for \$230 (\$115 per person)			
Sharing with:				
Referred By:				
Personal Trainer Preference:				
Preferred day(s) and time(s) of training sessions:				
PLEASE NOTE : This form must be turned in upon payment for sessions. This will ensure you that you are contacted by your trainer to schedule your first session.				
*To receive optimum benefits from the personal training program, it is recommended that a minimum of one session be used per week.				
Signature		- ח	ate	
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Staff Use Only: Date Purchased: Sold by:			Amount Paid:	
Method of payment:				

Date Trainer Contacted: _____ Date of Fitness Assessment: _____