

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 | |
| o.B. instance | | D | | |
| Staff Use Only: Date Purchased: Sold by: | | | Amount Paid: | |
| Method of payment: | | | | |

Date Trainer Contacted: _____ Date of Fitness Assessment: _____