



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

TRAINING & COACHING REQUEST FORM

After completion please click SUBMIT in upper right corner to return. Please allow 48 hours for a response.

Today's Date: _____

Name: _____ Age: _____

Phone: _____ Best Time To Call: _____

Email: _____

Type: Personal/Fitness Rockwall Triathlon* Nutrition Body Composition Fitness Assessment

Preferred Trainer: Male Female No preference

Have you worked with a fitness professional before? _____

Please identify the most convenient day(s) of the week to meet w/ trainer:

Mon Tue Wed Thu Fri Sat

Please identify the most convenient time of the day to meet w/ trainer:

5am-8am 8am-12pm 12pm-4pm 4pm-6pm 6pm-8pm

How many days per week are you looking to train? _____

What are you looking to achieve by working w/ trainer? _____

List activities you are currently involved in: _____

*Triathlon Coaching only: What is your current swimming ability? _____

MEMBER SERVICE DESK: Triathlon & Rockwall - Stacy P. | Nutrition - Nancy M. | Personal Training - Kelly H.