



9950 CALUMET AVENUE, MUNSTER, IN 46321
PHONE: (219) 924-5FIT
FAX: (219) 924-8581

PERSONAL TRAINING INFORMATION SHEET

Date: _____

1. Name: _____

2. Phone: (Home) _____

(Work) _____

Email: _____

3. Member: _____ Non Member: _____

4. **Availability to Train:**

Circle the available days and indicate available times.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

5. Trainer: _____

6. Type of training: _____

7. Medical Concerns (if any):

For Office Use Only

____ Gift Certificate ____ Initials ____ Enroll in PT Program ____ Not Interested

____ Call Back Date (record on other side)

Name of Trainer and date referral was given:

(1) _____ (4) _____

(2) _____ (5) _____

(3) _____ (6) _____