

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) _____