

Community Hospital Fitness Pointe®

9950 Calumet Ave., Munster, IN 46321 P: 219-924-5348 | F: 219-924-8581

Personal Training Information Sheet

ate	:								
1.	Name:								
2.	Phone: (Pi	referred Nu	ımber)						
	Email:					<u>-</u>			
3.	Member: _		No	n-Member: _		·			
4.	Availabilit	y to Train: (Circle the availa	ble days and	indicate a	vailable time	es.		
	Monday	Tuesday	Wednesday	•	•	Saturday	Sunday		
F									
ר	Trainer:								
٥.									
	Type of tra								
6.									
6. 7.	Medical Co	aining:							
6. 7.	Medical Co	aining:	iny):						
6. 7.	Medical Co	aining: oncerns (if a nly tificate	iny):	_ Enroll in PT					
6. 7. Off	Medical Co	aining: oncerns (if a nly tificate k Date (reco	Initials	_ Enroll in PT le)					
6. 7. Off	fice Use On Gift Cert Call Back	aining: oncerns (if a nly tificate k Date (reco	nny): Initials ord on other sid	_ Enroll in PT le) ;iven:	Program	Not In:	terested		
6. 7. Off Na (1)	fice Use On Gift Cert Call Back	aining: oncerns (if a nly tificate k Date (reco	Initials ord on other sid	_ Enroll in PT le) iven: (4)	Program	Not In	terested	_	