

Personal Training Information Sheet

Date: _____

1. Name: _____

2. Phone: (Preferred Number) _____

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):

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) _____