

## PERSONAL TRAINING REQUEST

Name \_\_\_\_\_ Age \_\_\_\_\_

Daytime phone #: \_\_\_\_\_ - \_\_\_\_\_

Evening phone #: \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

For exercise I currently do the following: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My goals are: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

Please list any joint problems, aches, injuries and/or any medical conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My ideal days/times to train are: \_\_\_\_\_  
\_\_\_\_\_

I can also train during the following blocks of time:

MON \_\_\_-\_\_\_AM/PM TU \_\_\_-\_\_\_AM/PM WED \_\_\_-\_\_\_AM/PM

TH \_\_\_-\_\_\_AM/PM FRI \_\_\_-\_\_\_AM/PM SAT \_\_\_-\_\_\_AM/PM SUN \_\_\_-\_\_\_AM/PM

I am interested in: 30 / 45 / 60 / minute sessions

Trainer preference: Male\_\_\_ Female\_\_\_ No preference\_\_\_

Please fill out this form and fax to Attn: Front Desk at 914-949-8903.  
You will be contacted within 2 business days to reschedule.