

PERSONAL TRAINING REQUEST FORM

FIRST NAME:		LAST NAME:		
EMAIL:		PHONE:		
FSW FITNESS CENTER AF	FILIATION: (check all	that apply)		
STUDENT	FACULTY/STAF	F .	MEMBER	
WHAT SERVICES ARE YO	OU INTERESTED IN? (Ch	neck all that app	oly)	
FITNESS ASSESSMENT PERSO		NAL TRAINING SMALL GROUP TRAINING		TRAINING
WHAT ARE YOUR HEALT	H AND FITNESS GOAL	S ?		
PLEASE LIST ANY MEDIC	ATIONS, INJURIES, OF	R JOINT LIMITATIO	ONS:	
CHECK PREFERRED DAY	(S) FOR WEEKLY TRAIN	IING:		
MONDAY	TUESDAY			
		WEDNESDAY	THURSDAY	FRIDAY
CHECK PREFERRED TIME			THURSDAY	FRIDAY
		EEKLY TRAINING:	THURSDAY LATE AFTERNOON (2:0)	
EARLY MORNIN	ME(S) OF DAY FOR WE	EEKLY TRAINING:		0PM-5:00PM)
EARLY MORNIN MID-MORNING	ME(S) OF DAY FOR WE G (6:00AM-8:00AM)	EKLY TRAINING:	LATE AFTERNOON (2:0)	0PM-5:00PM)
EARLY MORNIN MID-MORNING	ME(S) OF DAY FOR WE G (6:00AM-8:00AM) (8:00AM-11:00AM) DON (11:00AM-2:00PN	EKLY TRAINING:	LATE AFTERNOON (2:0)	0PM-5:00PM)
EARLY MORNING MID-MORNING EARLY AFTERNO	ME(S) OF DAY FOR WE G (6:00AM-8:00AM) (8:00AM-11:00AM) DON (11:00AM-2:00PN	EEKLY TRAINING:	LATE AFTERNOON (2:0)	0PM-5:00PM) 0PM)
EARLY MORNING MID-MORNING EARLY AFTERNO CHECK PREFERRED METI PHONE	ME(S) OF DAY FOR WE G (6:00AM-8:00AM) (8:00AM-11:00AM) OON (11:00AM-2:00PN HOD OF CONTACT: EMAIL	EEKLY TRAINING: M) OTHER:	LATE AFTERNOON (2:0) EVENING (5:00PM-8:00	0PM-5:00PM) 0PM)
EARLY MORNING MID-MORNING EARLY AFTERNO CHECK PREFERRED METI	ME(S) OF DAY FOR WE G (6:00AM-8:00AM) (8:00AM-11:00AM) OON (11:00AM-2:00PN HOD OF CONTACT: EMAIL	EEKLY TRAINING: M) OTHER:	LATE AFTERNOON (2:0) EVENING (5:00PM-8:00	0PM-5:00PM) 0PM)
EARLY MORNING MID-MORNING EARLY AFTERNO CHECK PREFERRED METI PHONE	ME(S) OF DAY FOR WE G (6:00AM-8:00AM) (8:00AM-11:00AM) OON (11:00AM-2:00PN HOD OF CONTACT: EMAIL	EEKLY TRAINING: M) OTHER:	LATE AFTERNOON (2:0) EVENING (5:00PM-8:00	0PM-5:00PM) 0PM)

*All Personal Training Packages come with a Fitness Assessment