



## PERSONAL TRAINING REQUEST FORM

---

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

**FSW FITNESS CENTER AFFILIATION:** *(check all that apply)*

STUDENT

FACULTY/STAFF

MEMBER

**WHAT SERVICES ARE YOU INTERESTED IN?** *(check all that apply)*

FITNESS ASSESSMENT

PERSONAL TRAINING

SMALL GROUP TRAINING

**WHAT ARE YOUR HEALTH AND FITNESS GOALS?**

**PLEASE LIST ANY MEDICATIONS, INJURIES, OR JOINT LIMITATIONS:**

**CHECK PREFERRED DAY(S) FOR WEEKLY TRAINING:**

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

**CHECK PREFERRED TIME(S) OF DAY FOR WEEKLY TRAINING:**

EARLY MORNING (6:00AM-8:00AM)

LATE AFTERNOON (2:00PM-5:00PM)

MID-MORNING (8:00AM-11:00AM)

EVENING (5:00PM-8:00PM)

EARLY AFTERNOON (11:00AM-2:00PM)

**CHECK PREFERRED METHOD OF CONTACT:**

PHONE

EMAIL

OTHER: \_\_\_\_\_

**PLEASE LIST ANY MEDICATIONS, INJURIES, OR JOINT LIMITATIONS:**

*\*All Personal Training Packages come with a Fitness Assessment*