



Personal Training Interest Form

Contact Information		
Name:	Age:	Date:
Address:		

Preferred Method of Contact – How do you want us to contact you?		
_____ Phone - Home	_____ Phone - Cell	_____ E-Mail
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Best Day & Time For Us To Contact You ('X' all that apply)							
	Mon	Tue	Wed	Thu	Fri	Sat	Sun
6am to 9 am							
9am to Noon							
Noon to 3 pm							
3 pm to 6 pm							
6 pm to 8 pm							

Please indicate all of the days & times you would be available for personal training.						
Mon	Tue	Wed	Thu	Fri	Sat	Sun
6 - 9 am	6 - 9 am	6 - 9 am	6 - 9 am	6 - 9 am	6 - 9 am	6 - 9 am
9 am - Noon	9 am - Noon	9 am - Noon	9 am - Noon	9 am - Noon	9 am - Noon	9 am - Noon
Noon - 3 pm	Noon - 3 pm	Noon - 3 pm	Noon - 3 pm	Noon - 3 pm	Noon - 2 pm	Noon - 3 pm
3 - 5 pm	3 - 5 pm	3 - 5 pm	3 - 5 pm	3 - 5 pm	2 - 4 pm	2 - 4 pm
5 - 7 pm	5 - 7 pm	5 - 7 pm	5 - 7 pm	5 - 7 pm	4 - 6 pm	4 - 6 pm

General Health and Fitness Goals for Personal Training (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Strength | <input type="checkbox"/> Sports Performance |
| <input type="checkbox"/> Endurance | <input type="checkbox"/> Physical Appearance |
| <input type="checkbox"/> Disease Management | <input type="checkbox"/> Weight Management |
| <input type="checkbox"/> Stress Management | <input type="checkbox"/> Energy/Vitality |

List Any Medical Conditions/Limitations:

CWPV FAC Staff Member