



## Personal Training Registration Form

**Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Preferred method of contact:** Phone      Email

Personal Training (*check all that apply*)

**Preferred Trainer:** Male    Female    No preference

***Please indicate the following:***

**Number of days interested in training:** \_\_\_\_\_

**Days interested in training:**

Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday

**Time interested in training:** \_\_\_\_\_

**Interested in 1/2 hour sessions or 1-hour session:** \_\_\_\_\_

**Specific Goals:**    Strength and Tone    Weight Loss    Cardiovascular Training

Specific: \_\_\_\_\_

**Personal Training Fees:**

**Individual Rates**

\$40 – 1 one-hour session

\$180 – 6 one-hour sessions

\$300 – 12 one-hour sessions