



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PERSONAL TRAINING REGISTRATION FORM

Legal First Name: _____ Last Name: _____

Preferred Method of Contact (Circle One): Email Phone

Email Address: _____ Phone Number: _____

Personal Training Preference

Of Days Interested in Training: _____

Days Interested (Circle All That Apply):

Monday Tuesday Wednesday Thursday Friday

Time Desired (Circle One): 30 Minutes 1-Hour

Specific Goals (Choose All That Apply):

Strength & Tone Weight Loss Cardiovascular Training

Other (specify): _____

Session Package (Circle One):

(1) 1-Hour Session - \$40 (6) 1-Hour Sessions - \$180 (12) 1-Hour Sessions - \$300