

Personal Training Request Form

Name: _____

Age: _____

Preferred days and times of training sessions: _____

Brief description of goals (lose weight, gain strength, improve balance, etc.):

Do you have any medical conditions we need to be aware of?

We will submit your request to our Health and Wellness Coordinator, Jaysa Angles, and she or a trainer will contact you soon to set up an initial assessment! Thank you!

