



personal training request form

date: _____

name: _____

age: _____ height: _____ weight: _____

telephone # home: _____

work: _____

cell: _____

list any medical problems or medications: _____

lifestyle change goals: _____

do you prefer a male or female trainer (if known, list trainer's name)

male: _____

female: _____

times and days preferred: _____
