



Personal Training Form

Name: _____

Trainer: _____

E-Mail: _____

Appointment

Phone: _____

Date/Time: _____

WHAT DESCRIBES YOUR FITNESS LEVEL THE BEST?

BEGINNER

ADVANCED

1 2 3 4 5 6 7 8 9 10

WHAT IS THE BEST TIME OF DAY FOR YOU TO USE THE GYM?

5AM - 8 AM

8AM - NOON

NOON - 5PM

AFTER 5 PM

WHAT ARE THE BEST DAYS FOR YOU TO USE THE GYM?

M T W TH FR SAT SUN

ARE YOU CURRENTLY EXERCISING REGULARLY? Y N

ARE YOU INTERESTED IN:

OUR BODYMETRIX HEALTH ANALYSIS? Y N

A NUTRITIONAL CONSULTATION? Y N

A PROGRAM DESIGN CONSULTATION? Y N

Booked Not Booked

Date: _____

Follow-Up: _____