

# ROCKVILLE SWIM AND FITNESS CENTER

## Personal Training Request



Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Currently Working Out: (Circle One) Yes No On a scale of 0 to 10, rate your current fitness level: \_\_\_\_\_  
Personal Trainer Preference: \_\_\_\_\_  
Age: \_\_\_\_\_

### Interested In *(Circle all that apply)*

Overall Health      Increased Energy      Cardiovascular      Flexibility      Build Muscle      Toning  
Increased Strength      Weight Loss      Time Efficient Workout      Lifestyle Change      Nutrition      Other: \_\_\_\_\_

### Day/Time Preferences

**MONDAY** Morning Afternoon Evening      **WEDNESDAY** M A E      **FRIDAY** M A E      **SUNDAY** M A E  
**TUESDAY** Morning Afternoon Evening      **THURSDAY** M A E      **SATURDAY** M A E

### Manager Use:

1<sup>st</sup> Call Date & Time \_\_\_\_\_ Notes: \_\_\_\_\_  
2<sup>nd</sup> Call Date & Time \_\_\_\_\_ Notes: \_\_\_\_\_  
3<sup>rd</sup> Call Date & Time \_\_\_\_\_ Notes: \_\_\_\_\_

### Results

Consultation Date & Time: \_\_\_\_\_  
Notes: \_\_\_\_\_  
Trainer: \_\_\_\_\_ Date: \_\_\_\_\_