



Personal Training Request Form

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: _____

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	<i>Morning Afternoon Evening</i>	WEDNESDAY	<i>M A E</i>	FRIDAY	<i>M A E</i>	SUNDAY	<i>M A E</i>
TUESDAY	<i>Morning Afternoon Evening</i>	THURSDAY	<i>M A E</i>	SATURDAY	<i>M A E</i>		

Manager Use:

1 st Call Date & Time _____	Notes: _____
2 nd Call Date & Time _____	Notes: _____
3 rd Call Date & Time _____	Notes: _____

Results

Consultation Date & Time: _____

Notes: _____

Trainer: _____ Date: _____

	City of	Rockville	Rockville Swim and Fitness Center	
		Get Into It	355 Martins Lane	
			Rockville MD 20850	
			240-314-8750	
			www.rockvillemd.gov/swimcenter	