

RecPlex Personal Training Request Form



Date:

Name:

Age:

Gender:

Daytime Phone:

Cell Phone:

Best time to call:

Email Address:

Goals: (circle all that apply)

Weight Loss

Strength Training

Sport Specific

Muscle Toning

Flexibility

Post-Rehab

Other: _____

Referred by or through:
(circle all that apply)

Web Search

Special Offer

Orientation

Front Desk

Member: _____

Other: _____

Days available to train:

Times available to train:

Number of sessions/week:

Preferred Trainer: (please circle one)

Male

Female

No Preference

Name: _____

*The assigned trainer will contact you within 48 hours.

For Office Use Only

Assigned Trainer: _____

Date Assigned: _____