



Personal Training Inquiry Form

Date: _____

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (Home) _____ (Cell) _____

Time of day available (circle all that apply):

5-8am

8am-12pm

12-3pm

3-5pm

5-8pm

Days of the week available: _____

I am interested in getting more information from a Personal Trainer about:
(circle all that apply)

Weight Loss

Strength Training

Flexibility

Endurance

Sports Training

Motivation

Body Building

Weight Gain

Weight Maintenance

Other: _____

Give a brief explanation regarding your goals and reasons for inquiring about Personal Training, and any specific questions or concerns you may have:

Please complete all of the above and turn in at the Berwick Area YMCA front desk. A Personal Trainer will contact you to answer your questions and discuss your options.