



## 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:

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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.