



PERSONAL TRAINING REQUEST 2023

<u>1 PERSON</u>		<u>2 PEOPLE</u>	
PASSHOLDER	NON-PASSHOLDER	PASSHOLDER	NON-PASSHOLDER
\$65 (single session)	\$78 (single session)	\$99 (single session)	\$119 (single session)
\$173 (3 sessions)	\$208 (3 sessions)	\$275 (3 sessions)	\$330 (3 sessions)
\$391 (7 sessions)	\$469 (7 sessions)	\$557 (7 sessions)	\$668 (7 sessions)

Name(s): _____

Date: _____

Phone: _____

Email: _____

Please specify the dates and times you are available for sessions, along with what you would like to concentrate on during your sessions.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

- | | | |
|--|---|---|
| <input type="checkbox"/> General Fitness | <input type="checkbox"/> Flexibility | <input type="checkbox"/> Water Personal Training * |
| <input type="checkbox"/> Strength Training | <input type="checkbox"/> Reduce Stress | |
| <input type="checkbox"/> Endurance Training | <input type="checkbox"/> Cardiovascular | |
| <input type="checkbox"/> Sports Specific Training
If yes, what type?
_____ | <input type="checkbox"/> Other
Please Specify: _____ | |

Please list any physical concerns or past injuries that you would like to be taken into consideration:

Participant's Signature: _____ Date: _____