Personal Training Program Inquiry

Contact Information: __________________________   Date: ________________

(Please provide the necessary information so that we may contact you for your training sessions)

Name __________________________________________

Phone # __________________________

Email __________________________________________

Male □   Female □

Fitness Goals:

(List below a brief summary of what your particular fitness goals are, whether it is losing a few pounds, building muscle mass, or just staying fit; list what you are trying to accomplish by joining our program)

1.)

2.)

3.)

4.)

5.)

Trainer Preference:

(Circle one)

Male □   Female □   No Preference

Schedule and Time Preference:

(List available times, e.g. 8 a.m. – 10 a.m.)

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For more information:

Pattye Stragar pls@andrew.cmu.edu Work: 412.268.1235 or Cell: 412.551.8763

You can drop this form off @ the Cohon Center fitness desk.