

Personal Training and Nutrition Coaching Interest Sheet Please Return this Form to the Fitness Center desk

Name:			Today's Date:
Phone Number:			_ Date of Birth:
Email:			_
	W	/hat are your Goals	? (Please Check all that apply)
Strength Tra	ining		Foam Rolling
Cardiovascul	ar Endu	rance	Ploymetric/Jump Training
Weight Loss			Speed and Agility
Nutrition Coaching			Youth Training
Mobility/Flexibility			HIIT Training
Golf Assessment/Golf Training			Orientation/Program Set-Up
Functional T	raining		_
Please list any m		ıries:	
Days Available	<u>e:</u>		Personal Training Cost:
Monday	AM	PM	1 Session: \$15.00
Tuesday	AM	PM	10 Sessions: \$125.00
Wednesday	AM	PM	
Thursday	AM	PM	
Friday	AM	PM	
Saturday	AM	PM	
Sunday	AM	PM	