

Personal Training Request Form

Participant Name: _____ Age: _____

Name of Purchaser (if different): _____

New Client: YES or NO If no, which trainer have you worked with? _____

Personal Training Options (Choose One)

Training for One			Training for Two (<u>Price per Person</u>)		
	<i>Resident</i>	<i>Nonresident</i>		<i>Resident</i>	<i>Nonresident</i>
<input type="checkbox"/> 3 Sessions	\$165	\$195	<input type="checkbox"/> 3 Sessions	\$145	\$150
<input type="checkbox"/> 6 Sessions	\$300	\$360	<input type="checkbox"/> 6 Sessions	\$240	\$270
<input type="checkbox"/> 12 Sessions	\$540	\$660	<input type="checkbox"/> 12 Sessions	\$420	\$480

NEW CLIENTS ONLY: Please complete the section below.

Address: _____ Email: _____

Primary Phone: _____ Secondary Phone: _____

Male Trainer Female Trainer Trainer Requested (if known): _____

Preferred days/times of training _____

Previous Fitness experience _____

Current Goals _____

Cancellation Policy

I understand that training sessions must be canceled 24 hours in advance. Sessions canceled for any reason without 24 hours notice will be charged. Refunds are only issued in cases of medical illness or injury and when accompanied by a physician's note.

Questions? Visit the Fitness Support Desk or contact Xander Garcia at (636) 639-2093

*Please send completed form to Xander.Garcia@wentzvillemo.gov

Signature _____ Date _____