| Date / | / / | / |
|--------|-----|---|
| | | |



PERSONAL TRAINING REQUEST

| Client Name | Date of Birth/ |
|--------------------------------------|----------------|
| Email Address | |
| Home Phone # | Cell Phone # |
| Days & Time Available for Training_ | |
| Times Per Week You Wish to Work v | with a Trainer |
| Do You Prefer a Specific Trainer? | Trainer's Name |
| Please list ALL Health and Fitness G | oals: |
| | , |
| | |
| | |

Please return this form to the Huntley Park District Fitness Center:

12015 Mill Street, Huntley, Il 60142 847-669-3180 www.huntleyparks.org

Thank you for your request.

A Personal Trainer will contact you as soon as possible.