



Personal Training Request Form

Name: _____ Date: _____

Email: _____ Phone Number: _____

Trainer Preference: Rob Avery No Preference

Number of days/week that you would like to work with a Trainer: _____

Scheduling Preferences:

Mon: Tues: Wed: Thurs: Fri: Sat: Sun:

Early Morning: Late Morning: Afternoon: Evening:

(6am-9am) (9am-12pm) (12pm-5pm) (5pm-9pm)

How would you characterize your exercise experience?

Beginner: Intermediate: Advanced: Youth: Athlete:

What are your health and fitness related goals? _____

What are you looking for in a personal trainer? _____

Additional questions, comments or concerns? _____

Complete this form and email to sgermann@ymcasaskatoon.org or hand in to the Membership Services Desk.