

## PERSONAL TRAINING REQUEST FORM

(Please complete and turn in at the Member Service Desk. You will be contacted by a trainer)

## BEGINNER TRI-PACK ONLY \$99!

Never trained with us before?
Our Try-Pack offers three (3), hour-long sessions with a Y personal trainer

Name:

| Age:  |              |             |              |                  |
|---|--------------|-------------|--------------|------------------|
| Phone Number:   |              |             |              |                  |
| Email:  |              |             |              |                  |
| Date:   |              |             |              |                  |
|   |              |             |              |                  |
| Session Interest (please circle all that apply)   | :            |             |              |                  |
| One (1) hour session  |              | 3x per week | 2x per week  | 1x per week      |
| Half Hour (30 min.) session   |              | 3x per week | 2x per week  | 1x per week      |
| Small Group Personal min)   | Training (45 | 3x/week     | 2x per week  | 1x per week      |
| One on one Yoga (45 n   | nin)         | 3x/week     | 2x/week      | 1x/week          |
| Trainer Preference (please circle):   |              | Male        | Female       | Specific Trainer |
| I consider myself a:  |              | Beginner    | Intermediate | Advanced         |
| Specific Days/Times to Train (Please list more than one option):                                      |              |             | ,            |                  |
| Physical Restrictions and/or Medical Complications:   |              |             |              |                  |
| Thysical Restrictions and of Ficultar Complications.  |              |             |              |                  |
| Obstacles/Barriers:   |              |             |              |                  |
| Goals:  |              |             |              |                  |
| Places contact local adarma. In idedarma@ccourses are 956 601 0020 out 120 if you have any questional |              |             |              |                  |

Please contact Jose Ledezma, Jr., jledezma@ccaymca.org, 856 691 0030 ext 130 if you have any questions!