

**Department of Campus Recreation  
Personal Training Request Form**

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Gender:** M or F **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Phone:** (hm) \_\_\_\_\_ (cell) \_\_\_\_\_ **email:** \_\_\_\_\_

**What are your fitness goals?**

**Preferred Times to train:**

Monday~ \_\_\_\_\_ Tuesday~ \_\_\_\_\_

Wednesday~ \_\_\_\_\_ Thursday~ \_\_\_\_\_

Friday~ \_\_\_\_\_ Saturday~ \_\_\_\_\_

Sunday~ \_\_\_\_\_

	<b>Student Rates</b>		<b>Faculty/Staff Rates</b>	
	<b>Individual</b>	<b>Partner</b>	<b>Individual</b>	<b>Partner</b>
4 Sessions	\$60	\$30 each	\$80	\$40 each
8 Sessions	\$110	\$55 each	\$150	\$75 each
10 Sessions	\$130	\$65 each	\$170	\$85 each
12 Sessions	\$150	\$75 each	\$200	\$100 each
16 Sessions	\$180	\$90 each	\$250	\$125 each

Personal training sessions are non-transferable and non-refundable. Medical conditions, which cause a delay in completing purchased sessions beyond 90 days will be refunded if a physician's note is provided.