



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# FEEL HEALTHIER BE STRONGER PERSONAL TRAINING PROGRAM

## BLANCHARD PARK YMCA Personal Training Inquiry Form For Healthy Living

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

How many days would you be willing to train: (please circle)

Monday    Tuesday    Wednesday    Thursday    Friday    Sat/Sun

What time of day would you be willing to train: (please circle)

5am-8am    8am-12pm    12pm-4pm    4pm-6pm    6pm-9pm

Do you have a preferred trainer? \_\_\_\_\_

What are your fitness goals?

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Please list any health concerns or physical ailments.

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IF YOU HAVE ANY QUESTION PLEASE CONTACT  
CHRIS HAUPT AT CHAUPT@CFYMCA.ORG

BLANCHARD PARK YMCA  
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