



# PERSONAL TRAINING REQUEST FORM

Date of Request: \_\_\_\_\_ Member Service Staff Name: \_\_\_\_\_

Please fill out the following information, and return this form to the Buehler YMCA Member Service Desk. Your request will be given to the departmental director and you will be called within 24 to 72 hours, depending on the day submitted, to arrange a training time. Once you arrange your training time, you can purchase your Private Lesson tickets at the Member Service Desk.

Participant's Name: \_\_\_\_\_

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

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**Check One:** Member \_\_\_\_\_ Non Member \_\_\_\_\_ Membership # \_\_\_\_\_ Staff Initials \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

## TYPE OF LESSON REQUESTED

Currently enrolled: Yes \_\_\_ No \_\_\_

**Check One:**

One on One \_\_\_ Partner \_\_\_ Group \_\_\_

**Check One:**

3 Sessions \_\_\_ 6 Sessions \_\_\_ 12 Sessions \_\_\_ 18 Sessions \_\_\_ (30 min \_\_\_ 1 hr \_\_\_)

Check day(s) available: Mon \_\_\_ Tue \_\_\_ Wed \_\_\_ Thu \_\_\_ Fri \_\_\_ Sat \_\_\_ Sun \_\_\_

Times Available: Mornings \_\_\_ Evenings \_\_\_ Weekend \_\_\_

Name of Trainer (if known): \_\_\_\_\_

Gender Preference: Male \_\_\_ Female \_\_\_

## PARTNER & GROUP (Please list additional participants)

Participant's Name \_\_\_\_\_ Age \_\_\_\_\_

Participant's Name \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_ I would like to set up my free half hour Health & Wellness Orientation.

## FOR DIRECTOR OR INSTRUCTOR USE ONLY:

Date member was called: \_\_\_\_\_ Called by: \_\_\_\_\_ First lesson date: \_\_\_\_\_