

THE SONNENTAG

PERSONAL TRAINING REQUEST FORM

Name _____ Date _____

Email Address _____ Phone Number _____

Status: Student Employee Retiree UW-EC Alumni Non-Member

Have you ever been trained by a personal trainer before? Yes No

If yes, who did you work with? _____

Do you prefer a male or female trainer? Male Female No-Preference

Do you have a specific trainer requested? If so, list name: _____

What are your current exercise habits?

- None A few times/month 1-2 days/week 3-4 days/week 5-6 days/week Everyday
 Active job, but no exercise I used to exercise regularly, but not now

What are your main fitness goals? (please be as specific as possible) _____

Individual or Partner Training?

Individual Partner Partner's Name _____

Select Package: 1 Session 5 Sessions 10 Sessions 20 Sessions

(Personal Training sessions are 60 minutes)

When are you available to train? (please check all that apply)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
10am-12pm <input type="checkbox"/>	6am-8am <input type="checkbox"/>	6am-8am <input type="checkbox"/>	6am-8am <input type="checkbox"/>	6am-8am <input type="checkbox"/>	6am-8am <input type="checkbox"/>	10am-12pm <input type="checkbox"/>
12pm-2pm <input type="checkbox"/>	8am-10am <input type="checkbox"/>	8am-10am <input type="checkbox"/>	8am-10am <input type="checkbox"/>	8am-10am <input type="checkbox"/>	8am-10am <input type="checkbox"/>	12pm-2pm <input type="checkbox"/>
2pm-4pm <input type="checkbox"/>	10am-12pm <input type="checkbox"/>	10am-12pm <input type="checkbox"/>	10am-12pm <input type="checkbox"/>	10am-12pm <input type="checkbox"/>	10am-12pm <input type="checkbox"/>	2pm-4pm <input type="checkbox"/>
4pm-6pm <input type="checkbox"/>	12pm-2pm <input type="checkbox"/>	12pm-2pm <input type="checkbox"/>	12pm-2pm <input type="checkbox"/>	12pm-2pm <input type="checkbox"/>	12pm-2pm <input type="checkbox"/>	4pm-6pm <input type="checkbox"/>
6pm-8pm <input type="checkbox"/>	2pm-4pm <input type="checkbox"/>	2pm-4pm <input type="checkbox"/>	2pm-4pm <input type="checkbox"/>	2pm-4pm <input type="checkbox"/>	2pm-4pm <input type="checkbox"/>	6pm-8pm <input type="checkbox"/>
	4pm-6pm <input type="checkbox"/>	4pm-6pm <input type="checkbox"/>	4pm-6pm <input type="checkbox"/>	4pm-6pm <input type="checkbox"/>	4pm-6pm <input type="checkbox"/>	
	6pm-8pm <input type="checkbox"/>	6pm-8pm <input type="checkbox"/>	6pm-8pm <input type="checkbox"/>	6pm-8pm <input type="checkbox"/>	6pm-8pm <input type="checkbox"/>	
	8pm-10pm <input type="checkbox"/>	8pm-10pm <input type="checkbox"/>	8pm-10pm <input type="checkbox"/>	8pm-10pm <input type="checkbox"/>		

Please submit this form and Health History Questionnaire to Sonnentag Member Services desk
or email to: davisg@uwec.edu

For Sonnentag Staff Use Only

Date of paperwork received _____ Date client was placed _____

Assigned Personal Trainer _____ Additional notes _____