

Personal Training

CLIENT REQUEST FORM

Name _____

Birthdate _____

Phone _____

Emergency contact _____ Phone _____

Email _____

Preferred method of contact Email Phone

****Please answer the questions below.**

How did you learn about us? _____

Do you have a trainer preference? **No Preference** **Travis Dubois** **Robyn Boucher**

What are your goals? _____

Have you experienced any serious injury? If yes, please explain

What specific days and times are you available to train?

Other comments/
questions

Please email completed forms to lisa.montgomery@strathmore.ca

Please allow 2 business days for us to respond to all requests. Be sure to check your junk mail for our email.