



Personal Training Application

Name: _____ Date of Birth: _____

Phone Number: _____

Email Address: _____

If returning client, specific trainer: _____

New Clients:

Trainer Preference (*Check One*): Male ___ Female ___ Either ___

Goals (*brief description of what you hope to accomplish*):

Availability: Morning ___ Mid-Day ___ Afternoon ___ Evening ___

Faculty/Staff/Dependents Information:

Employee Wellness Personal Training _____ sessions x \$20/per = _____ total

UR ID _____

Community Members Personal Training Rates (Circle Selection): 1 hour sessions

Single Person

A) 1 Session: \$50

B) 3 Sessions: \$144

C) 6 Sessions: \$276

D) 10 Sessions: \$450

E) 20 Sessions: \$840

Buddy Training (2 people/1 payment)

F) 1 Session: \$70

G) 3 Sessions: \$204

H) 6 Sessions: \$402

I) 10 Sessions: \$650

J) 20 Sessions: \$1200

Package Letter: _____

Total Amount: \$ _____

Form of Payment: Check _____

Cash _____ Spider-card _____

Notes:

** All cancellations must be received at least **24 hours** before your training session in order to avoid being charged for your session. Clients who do not cancel with 24 hours' notice will be charged for the cancelled session.

** Please note that all sessions must be completed within one calendar year after the date of purchase.

I have read and understand these policies. **Signature:** _____