



<b>For Office Use</b>	
Date received:	_____
Time received:	_____
Initials:	_____

*Gary J. Arthur Community Center*  
*Howard County Department of Recreation and Parks*  
**Personal Training Request Form**

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

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

City/State/Zip Code: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email Address: \_\_\_\_\_ Pass Number \_\_\_\_\_

**Personal Training Request** *(please check)*

- |  |  |
|--|--|
| <input type="checkbox"/> Free Consultation                           | <input type="checkbox"/> Cardio Training and Improvement         |
| <input type="checkbox"/> Fitness Assessment                          | <input type="checkbox"/> H.I.I.T. What is it and how do I do it? |
| <input type="checkbox"/> Develop Fitness Room 6 wk. Program & Beyond | <input type="checkbox"/> Circuit Training                        |
| <input type="checkbox"/> Strength Development & Progression          | <input type="checkbox"/> Sport Specific Training                 |
| <input type="checkbox"/> Core Development / Balance Training         | <input type="checkbox"/> Functional Training                     |

**Personal Training Rates**

Each session is 30-minutes unless specified.  
 Private training sessions are one participant to one trainer. Semi-Private Sessions are up to three participants to one trainer.  
 Information: Sara Schwab 410 313-4842 or SSchwab@howardcountymd.gov

- 1 Session (Private).....\$ 45
- 1 Session 60 minute (Private).....\$ 75
- 4 Sessions (Private).....\$160
- 8 Sessions (Private).....\$299
- 4 Sessions (Semi-Private, group of 3)..\$240
- 8 Sessions (Semi-Private, group of 3)..\$459

Date Requested: \_\_\_\_\_ Alternate Date: \_\_\_\_\_

Time: \_\_\_\_\_

**The Gary J. Arthur Fitness Coordinator/Personal Trainer will contact you within 2 business days.**

**Send to Sara Schwab at [sschwab@howardcountymd.gov](mailto:sschwab@howardcountymd.gov) or click "Submit"**