

### Personal Training Request Form

We request all interested customers complete a request form. Email the completed form to [acoffin@howardcountymd.gov](mailto:acoffin@howardcountymd.gov). A staff member will be in touch within 3 business days of receiving the completed form. Additional information will be provided at that time.

Customer Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Member Number: \_\_\_\_\_

**Sessions:** *(please check which package you are interested in)*

Private training sessions are one participant to one trainer. Semi-Private Sessions are up to three participants to one trainer.

1 30-Minute Session (Private)	\$45	<input type="checkbox"/>	8 30-Minute Sessions (Private)	\$299	<input type="checkbox"/>
1 60-Minute Session (Private)	\$75	<input type="checkbox"/>	4 30-Minute Sessions (Semi-Private, group of 3)	\$240	<input type="checkbox"/>
4 30-Minute Sessions (Private)	\$160	<input type="checkbox"/>	8 30-Minute Sessions (Semi-Private, group of 3)	\$459	<input type="checkbox"/>

**Preferred Days** *(please select all that apply)*

Monday <input type="checkbox"/>	Friday <input type="checkbox"/>
Tuesday <input type="checkbox"/>	Saturday <input type="checkbox"/>
Wednesday <input type="checkbox"/>	Sunday <input type="checkbox"/>
Thursday <input type="checkbox"/>	

**Preferred Times** *(please write in your preferred time of day)*

First preference \_\_\_\_\_ AM or PM

Second preference \_\_\_\_\_ AM or PM

**For Staff:**

Date received: \_\_\_\_\_

Initials: \_\_\_\_\_

Contacted customer: \_\_\_\_\_

Notes for trainer:

  
  

Forwarded to trainer: \_\_\_\_\_