



Personal Training Request Form

Date _____ Name _____ Laker ID _____

Phone _____ Email _____

Status: Undergraduate Student Graduate Student Alumni CSU Faculty/Staff
 Community Member

Have you worked with a CSU Fitness Personal Trainer before? Yes No

If yes, whom did you work with? _____

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

Specific Trainer Requested? List Name(s) _____

Do you currently work out on a regular basis? Yes No

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

Please choose which training package you are/may be interested in purchasing *(All sessions are one hour in length)*

- Basic Fitness Assessment (students - \$20 / SAC members - \$30) Single training session (\$25/30)
- 5 sessions (\$105/115) 10 full sessions (\$200/220) 15 full sessions (\$285/315) Single buddy session (\$16/23)
- 5 buddy sessions (\$62/110) 10 buddy sessions (\$115/180) 20 buddy sessions (\$165/240)

**Buddy pricing is per person*

When are you available to train?

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> 2pm - 4pm	<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"/> 12pm - 3pm
<input type="checkbox"/> 4pm - 6pm	<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"/> 3pm - 5pm
<input type="checkbox"/> 6pm - 8pm	<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"/> 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"/> 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"/> 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 - 11pm	<input type="checkbox"/> 8pm - 11pm	<input type="checkbox"/> 8pm - 11pm	<input type="checkbox"/> 8pm - 11pm		

Please submit this along with Health History Questionnaire to the Membership Desk, located at on the main Floor of the Student Activity Center (SAC).

For Use by Assistant Director of Recreation, Fitness and Wellness Only

*****Clients should not pay for a session/package until they have been placed with a trainer*****

Date of paperwork received _____ Package Purchased _____ Payment Type (if package was purchased) _____

Date Payment was received _____ Date contacted _____ Date client was placed _____

Name of Trainer _____