

AUM WELLNES CENTER

PERSONAL TRAINER INTEREST FORM



AUBURN MONTGOMERY
WELLNESS CENTER

Name: _____

Date: _____

Phone: _____ Cell Phone: _____

E-Mail: _____

Preferred method of contact: Phone Cell Phone Email

Membership: STUDENT ALUMNI FACULTY/STAFF
AFFILIATED MEMBER SPOUSE/DEPENDENT

Sex: Male Female Age: _____

Do you prefer a Male or Female Personal Trainer? _____

Characterize your present athletic ability (1-starting 5-fit): 1 2 3 4 5

How many sessions per week? _____

Please mark an X in the timeslots that you are AVAILABLE TO TRAIN

HOURS	MON	TUES	WED	THURS	FRI	SAT	SUN
6:00am							
7:00am							
8:00am							
9:00am							
10:00am							
11:00am							
Noon							
1:00pm							
2:00pm							
3:00pm							
4:00pm							
5:00pm							
6:00pm							
7:00pm							
8:00pm							

9:00pm							
--------	--	--	--	--	--	--	--

NOTE: After filling out this interest form, please drop it off at the front desk of the AUM Wellness Center. One of the personal trainers will get in contact with you in the next 48 hours to inform you about the following steps.