



Personal Training Request Form

Participant Name: _____ Age: _____

Name of Purchaser (if different): _____

New Client: YES or NO If no, which trainer have you worked with? _____

Personal Training Options (Choose One)

<p>WREC Fit Start Package - New Clients Only</p> <p><input type="checkbox"/> \$125</p> <p>Includes three personalized, 60-minute training sessions tailored to your goals and fitness level that provide expert guidance to help you build confidence, learn proper techniques and achieve real results. <i>One-time purchase only.</i></p>	<p>30 Minute Sessions - Training for One</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;"><i>Resident</i></th> <th style="text-align: center;"><i>Non-Resident</i></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 6 Sessions</td> <td style="text-align: center;">\$192</td> <td style="text-align: center;">\$222</td> </tr> <tr> <td><input type="checkbox"/> 12 Sessions</td> <td style="text-align: center;">\$348</td> <td style="text-align: center;">\$408</td> </tr> <tr> <td><input type="checkbox"/> 24 Sessions</td> <td style="text-align: center;">\$624</td> <td style="text-align: center;">\$744</td> </tr> </tbody> </table>		<i>Resident</i>	<i>Non-Resident</i>	<input type="checkbox"/> 6 Sessions	\$192	\$222	<input type="checkbox"/> 12 Sessions	\$348	\$408	<input type="checkbox"/> 24 Sessions	\$624	\$744															
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NEW CLIENTS ONLY: Please complete the section below.

Address: _____ Email: _____

Primary Phone: _____ Secondary Phone: _____

☐ Male Trainer ☐ Female Trainer Trainer Requested (if known): _____

Preferred days/times of training _____

Previous Fitness experience _____

Current Goals _____

Cancellation Policy

I understand that training sessions must be canceled 24 hours in advance. Sessions canceled for any reason without 24 hours notice will be charged. Refunds are only issued in cases of medical illness or injury and when accompanied by a physician's note.

Questions? Visit the Fitness Support Desk or contact Xander Garcia at (636) 639-2093

*Please send completed form to Xander.Garcia@wentzvillemo.gov

Signature _____ Date _____