



Wellness Center Personal Trainer Request Form

Date _____ Name _____

Phone _____ Email Address _____

Status: Student Faculty Staff Alumni Family

Have you ever had an SIUE personal trainer before? Yes No

If yes, whom did you work with? _____

Do you prefer a male or female trainer? Male Female Either

Specific trainer requested? List name: _____

Do you currently workout on a regular basis? Yes No

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

Are you interested in Group or Individual Training?

Individual Group

Personal Training Sessions are 1 hour in length. Please choose which package you are interested in: 1 Session 3 Sessions 5 Sessions 10 Sessions

What days of the week are you available to train? (Please check all that apply)

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Please choose which blocks of time you are available to train: (Please check all that apply)

6am – 8am 8am – 10am 10am – 12pm 12pm – 2pm
 2pm – 4pm 4pm – 6pm 6pm – 8pm 8pm – 10pm

Please submit this form, along with a Health History Questionnaire to the Wellness Center, in the Student Fitness Center, Room 1518. Thank you!

Wellness Center Use Only

Date of fitness test _____

Date client was placed _____ Name of trainer _____

Additional notes: _____