



YMCA of Brandon
Personal Training Request Form

Name: _____

Date: _____

Email: _____

Phone: _____

Trainer Preference: Male Female No Preference

Scheduling Preference:

Mon Tues Wed Thurs Fri Sat Sun

Early morning (6am-9am)

Late morning (9am-12pm)

Afternoon (12-5pm)

Evening (5-8pm)

How would you characterize your exercise experience?

Beginner Intermediate Advanced Youth Athlete/Sport specific

What are your health/fitness related goals? _____

What are you looking for in a Personal Trainer? _____

Additional comments, questions, or concerns: _____

Please complete this form and submit to russell.luce@ymcabrandon.com or hand in to the Fitness Services Desk.

Building healthy communities