

MASON COMMUNITY CENTER

6050 Mason-Montgomery Road

Mason, Ohio 45040

513.229.8555



FITNESS CENTER APPOINTMENT REQUEST

Today's Date: _____

Type of appointment requested:

<input type="checkbox"/> Equipment Orientation	<input type="checkbox"/> Fitness Assessment	<input type="checkbox"/> InBody Consultation
<input type="checkbox"/> Personal Training	<input type="checkbox"/> Yoga Personal Training	<input type="checkbox"/> Nutrition Consultation
<input type="checkbox"/> Nutrition Assessment	<input type="checkbox"/> Yoga Assessment	

Name: _____ Membership Type: _____ Age: _____

Phone Number: _____ E-mail: _____

Best time to call: 5 - 10 a.m. 10 a.m. - 3 p.m. 3 - 9 p.m.

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Preferred Personal Trainer: Name: _____ OR Male Female No Preference

Fitness Goals

Please indicate your priorities by ranking these six goals to help us match your goals to your interests.

Most Important 1 2 3 4 5 6 Least Important

___ I want to improve my cardiovascular fitness

___ I want to reduce my body fat

___ I want to reshape or tone my body

___ I want to improve my athletic ability

___ I want to increase my strength

___ I want to improve my flexibility

FOR OFFICE USE ONLY

Follow-up by: _____

Date/time called: _____ Appointment date/time: _____