

MASON COMMUNITY CENTER

6050 Mason-Montgomery Road

Mason, Ohio 45040

513.229.8555



CITY OF **MASON** OHIO

more than you imagine.

FITNESS CENTER APPOINTMENT REQUEST

Today's Date: _____

Type of appointment requested: Equipment Orientation Personal Training Information
 Fitness Assessment Clinical Exercise Program (*conditions apply*)

Name: _____ Membership Type: _____ Age: _____

Phone Number: _____ E-mail: _____

Best time to call: 5 - 11 a.m. 11 a.m. - 5 p.m. 5 - 11 p.m.

Best time for appointment: 5 - 11 a.m. 11 a.m. - 5 p.m. 5 - 11 p.m.

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: _____