

CONTACT INFORMATION:	Today's date:
Name:	
Address:	
Mobile phone:	(text?yesno) Email:
Preferred method of contact?Mob	pileemail
YOUR FITNESS GOALS: Mark all tha	nt apply physical appearancestress managementbalance
weight managementdisea	ase managementenergyflexibility
run a race participate in a tris	athlon (individual or relay)other
	will be preparing for such as surgery, social events, vacation, snow skiing,
Have you worked with a Certified Person	nal Trainer in the past? Yes no

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