



YMCA OF COLUMBIA

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PERSONAL TRAINER REQUEST FORM

Name: _____ Age: _____ Gender: _____

Email: _____ Phone Number: _____

Fitness Level: ☐ Beginner ☐ Intermediate ☐ Advanced

Have you worked out with a personal trainer before? ☐ Yes ☐ No

Do you prefer a male or female trainer? ☐ Male ☐ Female ☐ No Preference

What day(s) work best for you? ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun

What time(s) work best for you? ☐ 5-8am ☐ 8am-12pm ☐ 12-4pm ☐ 4-6pm ☐ 6-9pm

Do you need child care? ☐ Yes ☐ No ☐ Maybe

What are you looking to achieve by working with a personal trainer? (Please list on back)

Name of preferred Personal Trainer (if applicable): _____

Which package are you interested in purchasing?

30-MINUTE SESSIONS

Sessions	Member	Nonmember
1 Session	☐ \$26	☐ \$39
4 Sessions	☐ \$85	☐ \$128
8 Sessions	☐ \$145	☐ \$218
12 Sessions	☐ \$215	☐ \$299

60-MINUTE SESSIONS

Sessions	Member	Nonmember
1 Session	☐ \$45	☐ \$68
4 Sessions	☐ \$155	☐ \$233
8 Sessions	☐ \$285	☐ \$398
12 Sessions	☐ \$399	☐ \$590

Emergency Contact: _____ Phone: _____

Signature: _____ Date: _____

Please Note: Parent or guardian must sign if applicant is under 18 years of age.

QUESTIONS? Contact Kate Yutuc at kateyutuc@columbiaymca.org

CHAPIN YMCA

105 Ellett Road, Chapin, SC 29036 | 803.753.5630

columbiaymca.org

What are you looking to acheive by working with a personal trainer?
