Personal Training Request Form*

Name: _______________________________________________________________________

Email: _______________________________________________________________________

Daytime Phone: _______________________________________________________________________

What time of day would you prefer for your workouts (8am-5pm available)? _______________

What days of the week would you prefer (M-F available)? ______________________________

How many days of the week would you prefer? ______________________________________

Which Cornell Fitness Center(s) would you prefer? (Please circle)
Helen Newman    Teagle Up    Teagle Down    Noyes    Appel

Do you have any additional preferences you would like us to know about?
_____________________________________________________________________________

How many total sessions are you planning on with your trainer (one 4-pack, all semester, etc)?
_____________________________________________________________________________

Please share your goals with us: ___________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Signature: ____________________________________________ Date: ________________

To submit this form, please scan and email to wellness@cornell.edu or bring it in person
to 305 Helen Newman Hall or send it through campus mail to Cornell Wellness, 305 Helen
Newman Hall.

*You must have a current Recreation Membership.