Cornell University Wellness Program

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.