

**MASON COMMUNITY CENTER**

6050 Mason-Montgomery Road

Mason, Ohio 45040

513.229.8555



# 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 reshape or tone my body								
___ I want to increase my strength								
___ I want to reduce my body fat								
___ I want to improve my athletic ability								
___ I want to improve my flexibility								

**FOR OFFICE USE ONLY**

Follow-up by: \_\_\_\_\_

Date/time called: \_\_\_\_\_ Appointment date/time: \_\_\_\_\_

**SUBMIT**  
*via e-mail*