

**MASON COMMUNITY CENTER**

6050 Mason-Montgomery Road

Mason, Ohio 45040

513.229.8555



CITY OF **MASON** OHIO

*more than you imagine.*

# FITNESS CENTER APPOINTMENT REQUEST

Today's Date: \_\_\_\_\_

Type of appointment requested:     Equipment Orientation     Fitness Assessment     InBody Consultation  
    Personal Training     Yoga Personal Training     Nutrition Consultation

Name: \_\_\_\_\_ Membership Type: \_\_\_\_\_ Age: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Best time to call:     5 - 10 a.m.     10 a.m. - 3 p.m.     3 - 9 p.m.

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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 reduce my body fat

\_\_\_ I want to reshape or tone my body

\_\_\_ I want to improve my athletic ability

\_\_\_ I want to increase my strength

\_\_\_ I want to improve my flexibility

### FOR OFFICE USE ONLY

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

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

**SUBMIT**  
*via e-mail*