



WINDSOR ATHLETIC CLUB

99 Clarksville Road, West Windsor, NJ, 08550

Tel: 609-356-5000

Personal Training Request

Date: _____

Name: _____ Age: _____ Sex: _____

Phone: _____

Email: _____

How many days/week would you like to meet with your trainer? _____

What days are you available to meet with your trainer? _____

What times can you meet with your trainer? _____

I prefer my trainer to be (circle one): Male Female No Preference

Please check all that apply. I am interested in: Weight Loss _____

Flexibility _____ Strength Training _____ Sports Performance _____

Motivation _____ Toning _____ Wellness _____ Other _____

Please tell us briefly what you are looking to achieve through personal training: _____

Please contact the Director of Total Body Wellness with further questions or for assistance .at

Kristen@usawac.com or 609-356-5007