



PERSONAL TRAINING REQUEST

CLIENT NAME _____

Phone Number _____ Email _____

Name of trainer _____

What days and times would you prefer to work with a personal trainer?

What is your most important wellness goal? _____

Please list and describe any health concerns or limitations _____

Personal Training Guidelines:

- Personal Trainers are Provision Chiropractic and Wellness employees. Outside personal trainers are not permitted to train in our facility.
- If you cannot make your appointment, please call your trainer within 24 hours to cancel and to avoid being charged for the session.

I (client) _____ agree to pay in advance for all Provision Chiropractic and Wellness Personal Training sessions. I will be in attendance of all scheduled sessions and will give twenty-four hours notice to my trainer if I will be unable to attend a session. If I fail to provide appropriate notice I understand I forfeit the fee I paid for that session. I understand the Provision refund policy for all wellness services.

Date _____ Signature _____

1 Session Personal Training	\$60	1 month expiration	STAFF ONLY
3 Sessions Personal Training	\$180	1 month expiration	Numbers Session Purchased _____
6 Sessions Personal Training	\$330	2 month expiration	Total Paid: _____
10 Sessions Personal Training	\$500	3 month expiration	Staff Initials: _____