



**Personal Training Request Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email Address: \_\_\_\_\_ Pass Number: \_\_\_\_\_

**Personal Training Service Request** *(please check)*

\_\_\_\_ Free Consultation

\_\_\_\_ Cardio Training and Improvement

\_\_\_\_ Fitness Assessment

\_\_\_\_ H.I.I.T. What is it and how do I do it?

\_\_\_\_ Develop Fitness Room 6 wk. Program & Beyond

\_\_\_\_ Circuit Training

\_\_\_\_ Strength Development & Progression

\_\_\_\_ Sport Specific Training

\_\_\_\_ Core Development / Balance Training

\_\_\_\_ Functional Training

**Personal Training Rates**

Each session is 30-minutes unless specified.  
Private training sessions are one participant  
to one trainer. Semi-Private Sessions are up  
to three participants to one trainer.

Information: Sara Schwab 410 313-4842 or  
SSchwab@howardcountymd.gov

1 Session (Private).....\$ 45  
1 Session 60 minute (Private).....\$ 75  
4 Sessions (Private).....\$160  
8 Sessions (Private).....\$299  
4 Sessions (Semi-Private, group of 3)..\$240  
8 Sessions (Semi-Private, group of 3)..\$459

Date Requested: \_\_\_\_\_ Alternate Date: \_\_\_\_\_

Time: \_\_\_\_\_

**The Gary J. Arthur Fitness Coordinator/Personal Trainer will contact you within 2 business days.**

*For Office Use:* Date received: \_\_\_\_\_ Time received: \_\_\_\_\_ Initials: \_\_\_\_\_