

## Personal Conditioning Scheduling Form

Please complete the following form. Someone will contact you shortly to confirm your schedule. Affiliation: Student Faculty/Staff RAC Member

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Email \_\_\_\_\_ Address \_\_\_\_\_

Date turned in \_\_\_\_\_ Dates requested \_\_\_\_\_

Please indicate the times you are available to schedule your session. If you have a specific time and/or trainer that you would prefer, indicate as such. We will try to accommodate your requests as much as possible.

Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7am							
8am							
9am							
10am							
11am							
12pm							
1pm							
2pm							
3pm							
4pm							
5pm							
6pm							
7pm							
8pm							
9pm							

Session: ☐ Personal Fitness Testing ☐ Follow-up Fitness Testing ☐ 1 Session ☐ 3 Sessions ☐ 5 Sessions

Trainer requested: \_\_\_\_\_

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Office use only, Please attach additional pages as necessary:

Contacted on \_\_\_\_\_ Through \_\_\_\_\_ By \_\_\_\_\_

Confirmed Dates and Times \_\_\_\_\_

Trainer \_\_\_\_\_

Amount Paid \_\_\_\_\_ Initialed \_\_\_\_\_

Notes \_\_\_\_\_

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