



Building Strength and Confidence
Fitness for Women

DATA FORM

Name: _____ Age: _____ Gender: _____

Address: _____ City: _____ Zip: _____

Telephone: _____ Alternate Phone: _____

Email: _____

How did you hear about Steel Feather Training? _____

What is your reason for seeking a personal trainer? (i.e. goals, rehabilitation, etc.) _____

What are your schedule preferences and/or limitations for working with a trainer? _____

Do you have any health conditions or injuries that would affect or limit your training? _____

How many session are you thinking of purchasing initially? _____

Please check the activities in which you are interested in participating:

- weight training running swimming cardio machines walking

Please fill out this form and bring it with you on your first visit