



City of Pullman, Pullman Aquatic & Fitness Center

500 NW Greyhound Way, Pullman, WA 99163

Phone: 509-338-3290

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Email: Aquatic@pullman-wa.gov

www.PullmanParksandRec.com



Personal Training Interest Form

Date of Application: _____

Name: _____

Date of Birth: __/__/__ Age: _____ Phone 1: _____

Email: _____

Student #2 Name: _____ Date of Birth: __/__/__ Age: _____

Student #3 Name: _____ Date of Birth: __/__/__ Age: _____

Student #4 Name: _____ Date of Birth: __/__/__ Age: _____

- Private: 1 person, \$33/30 min
- Semi-private: 2 people, \$21 each person/30 min
- Friends & Family: 3-6 people, \$18 each person/30 min

Please write preferred times for each day in boxes above; times must be during normal open hours.

Monday: _____ Tuesday: _____ Wednesday: _____
 Thursday: _____ Friday: _____ Saturday: _____
 Sunday: _____

Required:

Have you completed and submitted a Physical Activity Readiness Questionnaire (PAR-Q)? Yes No

Please answer the following:

- How long? 30 minutes 45 minutes 1 hour
- How many personal training sessions? (2 hrs minimum). _____
- What dates? _____
- What are you hoping to achieve from personal training sessions? _____

- Please share any information about the student(s) that would help our Personal Trainer: _____

For office use only:		Date Received: _____
Entered Rec1: _____	Instructor: _____	Receipt #: _____
Medical Authorization Form Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		