Please check one:
Pass Holder
Non-Pass Holder

## **Greater Plymouth Community Center**

## **Semi-Private Training Request Form**

Name	Date
Phone #	Age
	any medical condition, you will need a doctor's note prio eived one in the last year and you have not been treated honor that referral.
List your preferred day(s) to tra	nin:
List your preferred time(s) to tr	ain:
How often would your group lik □ Weekly ( times per week □ Other. Please specify	·
What is your current level of ph	ysical activity?
□ Low (0 – 2 hours/wk)	
<ul><li>☐ Moderate (3 – 4 hours/wk)</li><li>☐ High (over 5+ hours/wk)</li></ul>	
,	
What is your primary goal for ol	otaining semi-private training?
Names of people in your group:	
Please list the names of the peop	ple that will be in your group (3 – 5 clients):
Notes:	

<u>Rates</u>: Pass Holders \$29/hr session; Non-Pass Holders \$35/hr session (Minimum 4 – one hour sessions must be purchased. Minimum 3 people in your group). Tailor the number of sessions to meet your group's goals!

<sup>\*</sup> A trainer will contact you asap to get you set up for the training! Only Greater Plymouth Community Center Trainers may train in our facility. All of our trainers either have BS degrees in Exercise Science and/or Personal Training Certifications from accredited organizations, CPR & First Aid Certified, & AED trained.