

Illinois State University  
Department of Recreation Services  
Personal Training Personal Information Sheet

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

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Please indicate your preference in personal trainers (circle one):

Male            Female            No Preference

*\*Note that we have a limited number of personal trainers, but will do our best to accommodate your needs.*

What Fitness Service are you interested in (circle all that apply):

Personal Training            Fitness Assessment            Fitness Center Orientation

Please indicate the days and times you would like to meet with your personal trainer:

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Thank you for your interest in our personal training program. We will be in touch with you within five business days.