

KRESS **EVENTS CENTER**

UWGB Personal Training
kress@uwgb.edu
(920) 465-2449

Dear UWGB Student and/or Kress Member,

Thank you for your interest in our personal training program! Before getting started, please complete the following forms to help us place you with the trainer best suited to help you meet your fitness goals.

Once you have read and completed the enclosed documents, please return the packet to the Kress Events Center. After we have reviewed your applications, and are able to place you with a trainer, you will receive an email connecting you with your trainer.

More information on package prices and the personal training program in general can be found on the additional handouts provided or online at uwgb.edu/kress/personal-training/. If you have any questions, please don't hesitate to ask! Again, thank you for choosing our program. I look forward to getting you set up and working towards your goals!

Thank you,

Alex Reichenberger
FITNESS COORDINATOR
UW-Green Bay | Kress Events Center
p: 920.465.2836 | e: reichena@uwgb.edu

PERSONAL TRAINING INTEREST FORM



Name _____

Date of Birth _____

Gender: M / F

Phone Number _____

Email _____

Emergency Contact _____

Relationship _____

Phone _____

What is the fastest way to reach you?

- ☐ Email ☐ Phone Call ☐ Text ☐ Other: _____

What is your membership status? *This status determines pricing. Only students and members are eligible for personal training. If you are not a student or member, you will have to purchase a membership to receive training.*

- ☐ Student ☐ Kress Member

Have you worked with a personal trainer in the past? ☐ Yes ☐ No

If yes, why did you stop training?

- ☐ lack of results ☐ trainer no longer available ☐ too expensive
☐ obtained desired results ☐ poor match with trainer ☐ other _____

Please select your trainer preference:

- ☐ Male trainer ☐ Female trainer ☐ No preference
☐ Trainer Name: _____

What is your primary fitness goal?

- ☐ Weight Loss ☐ Strength Gain
☐ Toning/Reshaping Body ☐ General Health
☐ Other _____

Why is this goal important to you?

How many sessions per week are you interested in? _____ sessions/week

Place an "X" by your preferred day and time for training. *The greater your availability, the more options you have.*

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Mid-Day							
Evening							
Flexible							

Details: _____

Please list any additional comments, accommodations, or information you'd like us to consider.
