



## Submit an Enquiry

In order for us to serve your health and fitness needs, please take a few moments to complete the questions below:

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

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

Phone: Home: \_\_\_\_\_ Mobile \_\_\_\_\_

E-Mail : \_\_\_\_\_ D.O.B \_\_\_\_\_

### Exercise History

Have you ever been to a fitness centre before? \_\_\_\_\_

How long have you been thinking about starting an exercise program? \_\_\_\_\_

### Results

What results do you want to achieve?

Weight Loss	<input type="checkbox"/>	Stress management	<input type="checkbox"/>	Sports conditioning	<input type="checkbox"/>
Improve muscle tone	<input type="checkbox"/>	Rehabilitation	<input type="checkbox"/>	Strength training	<input type="checkbox"/>
Increase Fitness	<input type="checkbox"/>	Body building	<input type="checkbox"/>	Other _____	

On a scale of 1 - 10 how important is it that you achieve your goals? \_\_\_\_\_

How many visits per week would you make to achieve your goals? \_\_\_\_\_

Questions or Comments

Submit