



West Village Athletic Club

Personal Training Request Form

Name: _____

Phone: _____ Best Time to Contact: _____

Individual or Partner: (circle one) Individual Partner

Trainer Requested: _____

Days/Times Preferred: _____

Special Notes: _____

Cancellation Policy:

I understand that should I need to cancel an appointment, I will call at least 24 hours prior to the scheduled appointment. Failure to do so will result in a charge to my account.

Name: _____ Date: ____ / ____ / ____

Signature: _____