

Pilates Request Form

Name: _____ Date: ___/___/___

Phone: _____ E-Mail: _____

- Training Focus: (check any of the following which apply)

_____ Body Fat Reduction _____ Strength Training
_____ Toning _____ Post Rehabilitation
_____ Flexibility _____ Cardiovascular Endurance
_____ Balance
_____ Sport Specific (Sport: _____)

- Specific Trainer's Name: (optional) _____

Special Considerations:

Please list any orthopaedic or medical issues and anything else we should know:

Please indicate below, your initial preferences

Days/Times: (Please specify AM/PM)

Mon: _____ Tue: _____ Wed: _____ Thu: _____ Fri: _____ Sat: _____ Sun: _____

Duration: ½ Hour: _____ 1 Hour: _____

Single Session: _____ Package: _____ Intro Package: _____



Hunterdon Health

Hunterdon Health and Wellness Centers

Clinton
1738 Route 31 North
908-735-6884

Whitehouse Station
537 Route 22 East
908-534-7600