Personal Training Request Form

Name: ____________________________________________________________

Address: ____________________________________________________________________________________________

City/State/Zip Code: ________________________________________________________________________________

Phone: (H) __________________ (W) __________________ (C ) ________________________________

Email Address: __________________________________________ Pass Number: ____________________________

Personal Training Service Request (please check)

____ Free Consultation                                          ____ Cardio Training and Improvement

____ Fitness Assessment                                       ____ H.I.I.T. What is it and how do I do it?

____ Develop Fitness Room 6 wk. Program & Beyond             ____ Circuit Training

____ Strength Development & Progression                       ____ Sport Specific Training

____ Core Development / Balance Training                      ____ Functional Training

Personal Training Rates

Each session is 30-minutes unless specified.  
1 Session (Private).........................$ 45
1 Session 60 minute (Private)...................$ 75
4 Sessions (Private)..........................$160
8 Sessions (Private)..........................$299
4 Sessions (Semi-Private, group of 3)..$240
8 Sessions (Semi-Private, group of 3)..$459

Information: Sara Schwab 410 313-4842 or
SSchwab@howardcountymd.gov

Date Requested:_________________________ Alternate Date:____________________________

Time: __________________________

The Gary J. Arthur Fitness Coordinator/Personal Trainer will contact you within 2 business days.

For Office Use: Date received: ________ Time received: ________ Initials: ____________

2400 Route 97 • Cooksville, Maryland 21723 • 410-313-4840 • TTD 410-313-4665 • FAX 410-313-4846