GEORGETOWN LAW

SCOTT K. GINSBURG

Sport & Fitness Center

PERSONAL TRAINER REQUEST FORM

| Name | | Today's Date | | | | | |
|--|---------------------------|--------------|--------------|-----------|------------|-------|--|
| Telephone Number | phone NumberEmail Address | | | | | | |
| Fitness Goals (be as spec | ific as pos | sible): | | | | | |
| Injuries/Medications (be a | s specific a | as possible | e): | | | | |
| Days preferred: Mon Time of day preferred: | Tues | Wed | Thurs | Fri | Sat | Sun | |
| The Fitness Director will s Thank you for your intere | - | trainer and | d contact yo | u as soor | ı as possi | ible. | |
| Admin: | | | | | | | |
| Called/contacted by: | | | | | | | |
| Comments | _ | | | | | | |

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Personal Training Packages

1 Session \$60 **5 Sessions** \$275 10 Sessions \$500 20 Sessions \$900

30-min sessions are available 5 for \$145.00

Personal Training

- Personal training sessions are individual appointments with a Certified Personal Trainer specifically designed to help you achieve your fitness goals
- We accept credit card and GO Card

For more information and to sign up contact: Associate Director of Fitness & Recreation Wendy Christensen wc701@georgetown.edu (202)662 - 4254

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