



# FIVE STAR FITNESS & WELLNESS CENTER

## Client Information Form

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Cell No. (     ) \_\_\_\_\_

Email \_\_\_\_\_

### Services Interested In:

- Gym Membership
- Personal Training
- Post Rehab Therapy
- Massage Therapy
- Other \_\_\_\_\_

*NOTE: Cell No. and Email will be used strictly for Five Star Fitness communications, advertising and promotions.*

### Primary Training Objective\*

- Fat Loss
- Shape and Tone
- Strength Training
- Weight Loss
- Reduce Stress
- Build Muscle
- Build Endurance
- Sport Specific Training

### Training Experience\*

- Sedentary
- Beginner
- Intermediate
- Advanced
- Pre Contest/Competition



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