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Personal Information

Name _____

Sex Male Female DOB _____

Address _____

State _____ Post Code _____

Email _____

Phone _____

Goals Lose weight Tone up Improve Fitness
 Increase strength Other _____

Type of Training One on One Group Circuit

State Your Level Good Very Good Excellent

Days per week 1 - 2 2 - 4 5 - 6

Other Information

Comments

How did you hear about us?

Word of Mouth Web Wembley Primary School Other

Tick box if you do not wish to be contacted by The Fitness Factor