

Received By: _____

Date Received: _____



GYM ORIENTATION REQUEST FORM

Participant Name _____ Birthday: ____/____/____
FIRST LAST

E-Mail Address: _____ Phone #: _____ Member: Y N
FIRST LAST

AVAILABILITY

What day(s) and time(s) of the week are you available to meet? Please x-out all available times.

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|---------|--------|---------|-----------|----------|--------|
| 8:00am | | | | | |
| 9:00am | | | | | |
| 10:00am | | | | | |
| 11:00am | | | | | |
| 12:00pm | | | | | |
| 1:00pm | | | | | |
| 2:00pm | | | | | |
| 3:00pm | | | | | |
| 4:00pm | | | | | |
| 5:00pm | | | | | |
| 6:00pm | | | | | |
| 7:00pm | | | | | |