
**Overhauling
Workplaces.**



**Transforming
Lives.**

APPLICATION

SIX WEEK FITNESS AND NUTRITION OVERHAUL

Name: _____ Workplace: _____

Phone: _____ Email: _____

Tshirt size: _____ Payment: _____

I would like to be teammates with: _____

How did you hear about it? _____

Reasons for wanting to join? _____

Specific fitness/weight loss goals? _____

Please rate your fitness level

(0-10 scale: 0 = inactive, 10 = very fit & active): _____

Fitness activities I enjoy: _____

Fitness activities I dislike: _____

List any physical limitations, injuries, recent surgeries or existing health conditions (i.e. asthma, arthritis, low back pain, strained muscles, sprains or fractures): _____

Preferred time to meet with a coach:

Early AM Mid-Morning Afternoon Late Afternoon Evening

Please check next to the statement that best suits your needs:

- I prefer workouts to be designed outside.
- I prefer workouts designed at home.
- I prefer workouts designed at a fitness facility.

**TOTAL
CUSTOMIZED
FITNESS**