Workout Partner Match Form

Name_________________________________________ Date ________________________________

Email: ____________________________________________

1. Do you prefer a male or female partner (circle one)? Male Female

2. Do you have an age preference? If so, please circle one:
   18-29  30-39  40-55  56-65  65+

3. What days/times do you prefer to work out (circle days/ list time)?
   M: time___am/pm  T: time___am/pm  W: time___am/pm  TR: time___am/pm  F: time___am/pm  Sat: time___am/pm  Sun: time___am/pm

4. What are your fitness goals, and current fitness level?
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

5. What types of activities would you like to do with a partner at the gym?
   (cardio/strength/classes)
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

Please complete this form and drop it off at the front desk.
We will be in touch when someone matching your request is available.