

# 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?

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

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