GETTING TO KNOW YOU FORM

ENQUIRY TYPE	Phone	Walk in	Internet	Social Media	Referral	Other	
Name >							
Mobile No.							
E-mail >							
FACE TO FACE							
➤ Do you live or work	c locally?						
➤ What brought you	to a fema	le only fitnes	s facility to	oday?			
➤ Are you currently e	exercising	?					
➤ What are your curr	ent health	h and wellnes	s priorities	?			
Weight loss		Strength		Anxiety & d	epression r	elief	
Weight gain		Tone		Stress relief			
Fitness		Health		Improve Dig	gestion		
Time for me		Improve con	fidence	Improve en	ergy		
Other							
What specific date	do you w	ant to achiev	e this by?	//			
➤ How many visits ea	ch week	can you fit in	to your life	style?			
➤ When will you be to	raining?						
Morning		Mid-morning	ı	Afternoon			
Evening		Weekends	,				
On a scale of one to start achieving these	-	h ten being tl	he highest,	how ready are	you to		
Start define villy these y	Jouis :						

➤ Who did you tell that you were coming into the club today? Are they



supportive of you getting started?