



PERSONAL INFORMATION SHEET

Today's Date: \_\_\_\_\_

**Personal Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Employment Information**

Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_

**Contact Information**

Work phone: (    ) \_\_\_\_\_ Ext. \_\_\_\_\_  
Home phone: (    ) \_\_\_\_\_  
Cell phone: (    ) \_\_\_\_\_  
Fax: (    ) \_\_\_\_\_  
E-mail address: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: (    ) \_\_\_\_\_ Alternate phone: (    ) \_\_\_\_\_

**Additional Information**

How did you find out about us? \_\_\_\_\_

May we send you notices about special events, specials, etc? \_\_\_ Yes \_\_\_ No

**Interests and Hobbies: (check all that apply)**

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Aerobics     | <input type="checkbox"/> Spinning               |
| <input type="checkbox"/> Triathlons   | <input type="checkbox"/> Weight lifting         |
| <input type="checkbox"/> Gyrotonic®   | <input type="checkbox"/> Weight loss            |
| <input type="checkbox"/> Massage      | <input type="checkbox"/> Workshops              |
| <input type="checkbox"/> Courses      | <input type="checkbox"/> Meditation             |
| <input type="checkbox"/> Yoga         | <input type="checkbox"/> Pre-Post Natal Classes |
| <input type="checkbox"/> Other: _____ |   |