



Perfect Fit Personal Training & Get Fit
Boot Camp Facility
Client Contact Information Form

Client Name: _____ **DOB:** _____

Address: _____ **City** _____

Email: _____

Home Phone: _____ **Cell:** _____

Work: _____

Emergency Contact Person: _____

Home Phone: _____ **Cell:** _____

Health and Lifestyle Questionnaire: _____ **Exercise Goals completed:** _____

Medical Clearance form sent to doctor: _____ **Back from doctor:** _____

Informed Consent completed: _____

Thank you letter sent: _____

Add to Contacts & ACT

Sources

Frankfort Chamber

Coffee News

Mokena Chamber

Tinley Park Chamber

Family Time Magazine

Flyer

Yellow Pages

Newspaper

Business Card

Brochure

Postcard

PWN

Client Referral

Word of Mouth

Article