

Get Lean Academy Questionnaire

Name: _____ Email: _____

Age: _____ Phone Number: _____

How Did You Hear About Get Lean Academy?

What specific goals you would like to see accomplished by attending Get Lean Academy?

How can the instructors help you individually? (What specific questions do you have?)

Do you have any physical limitations preventing you in any way?

What current physical activity are you participating in?

Is there anything else you would like the instructor to know about you? (The more detail you can provide the more beneficial it is to the trainer and to you)

