

**Loyola University  
Center For Health & Fitness**

***Personal Fitness  
Profile and Consultation  
(PFPC) Registration Form***

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

**Member Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone:** (H) \_\_\_\_\_  
(W) \_\_\_\_\_

**Service:** Personal Fitness Profile and Consultation (PFPC)

**Scheduled Date:** \_\_\_\_\_

**Scheduled Time:** \_\_\_\_\_

**Are you a member of the Loyola University Center For Health & Fitness?**

(circle one)                      Yes                      No

**Date Joined:** \_\_\_\_\_

**For staff use only**

Method of Payment (circle one):

Cash                      Check                      Visa/MC                      Discover

Credit Card Account Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Payment Amt.: \_\_\_\_\_

Staff initials: \_\_\_\_\_ Date: \_\_\_\_\_

\* PFPC is free of charge to members within 30 days of opening their membership