



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Armbrust YMCA Personal Training Pricing

Personal Training- 1 Hour Sessions

Pricing	Member	Non-member
1 Session	\$55	\$75
4 Sessions	\$215	\$280
8 Sessions	\$400	\$520
12 Sessions	\$540	\$732
24 Sessions	\$960	\$1,296

Tandem Personal Training- 1 Hour Sessions

Price (per person)	Member	Non-member
1 Session	\$28	\$36
4 Sessions	\$96	\$125
8 Sessions	\$210	\$273
12 Sessions	\$285	\$370
24 Sessions	\$552	\$650

Personal Training- 30 min. Sessions

Pricing	Member	Non-member
1 Session	\$30	\$50
4 Sessions	\$115	\$150
8 Sessions	\$210	\$270
12 Sessions	\$285	\$370
24 Sessions	\$552	\$718

Tandem Personal Training- 30 min. Sessions

Price (per person)	Member	Non-member
1 Session	\$14	\$18
4 Sessions	\$52	\$67.60
8 Sessions	\$96	\$120
12 Sessions	\$120	\$156
24 Sessions	\$216	\$280

Get Started Special

Upon completion of both Get Started appointments members are eligible for a one-time pricing special, limit one-package per person:
4 one hour sessions for \$160
4 (30) minute sessions for \$99

Monthly Draft Pricing*

1 Hour/Week \$200/member \$240/non-member
2 Hours/Week \$350/member \$450/non-member
*To receive monthly pricing you must schedule drafts for 3 months at a time.

Requested Personal Trainer's Name: _____
If no requested trainer would you prefer: Male Trainer or Female Trainer

For the safety of the client the following paperwork must be completed prior to the first training session.

- a. Informed Consent for Exercise Participation
- b. YMCA Personal Training Policies

No refunds will be given for sessions not used within the purchased package. All purchased sessions have an expiration date of six (6) months from the date of purchase. Gift Certificates for training sessions have an expiration date of 8 months from the date of purchase. Medical Extension: Extensions to the expiration date may be granted only by doctor's recommendation. Extensions may not exceed 12 months.

Name: _____ Phone #: _____

Preferred Days & Times: _____

Member Signature: _____

Amount Paid: _____ Employee Name _____ Attached Copy of Receipt