



INTEREST FORM

Name: _____ Date: _____

Gender: _____ Date of Birth: _____

Phone: (_____) _____ (H) (_____) _____ (W)

E-mail Address: _____@_____

Status (circle): Faculty/Staff Student Grad Student Spouse Alum Non-University

Number of sessions desired (circle): 1 5 10 20 30

Sessions per week desired (circle): 1 2 3 4 5

Length of sessions desired (circle): 30 min 45 min 60 min

Indicate times of availability:

Mon: _____ Tue: _____ Wed: _____

Thu: _____ Fri: _____

Sat: _____ Sun: _____