

INBODY BODY COMPOSITION REQUEST FORM

Return to the UREC Main Office located in HPER 225. Payment must be received at the time of registration. Participants will be contacted within 5 days of your session purchase.

Name: _____ ID #: _____ Date of Birth: _____

Phone #: _____ Email: _____

Preferred method of contact: Phone Email

List appointment availability and time preference:

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Service

Service Name	Student	UREC Member	
Individual Session (InBody screening)	() \$10	() \$15	Qty: _____

Participation Agreement

I understand the refund policies of the University Recreation Personal Training program: All services must be used within 6 months of purchase. Services held 6 months after purchase will become void. Any services that remain unused for any reason will not be refunded. Cancellations ***not*** made 24-hours in advance of the scheduled session will be forfeited by the client. UREC does not refund for programs affected by restricted parking.

_____ **(Initial here)**

Participant Signature: _____ **Date:** _____