



## BOOsT Camp: Contact Details

All this information must be completed prior to your first exercise session:

First name \_\_\_\_\_ Surname \_\_\_\_\_

Male  Female

D.O.B. \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

Postcode: \_\_\_\_\_

How can we help you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fitness Level:

New to exercise

Irregular exercise

1-3 sessions per week

4+ sessions per week

4+ and races/events

Have you been to an outside exercise class before? Yes  No

*If yes, who was it with (optional)?* \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**BOOsT Camp with Rebecca Roach**

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