

MaryAnnPT brings you

**The Summer Body
Shred Program
2021**

Application Form

*“Be the best version of you that you
can be. No excuses.”*

www.maryannpt.com



Name

Date of birth

Email address

Phone

Location

Occupation

Is your job sedentary or active?

How many hours a week do you work?

What is your fitness/activity/sports background?

Any goals? Big or small!

Current fitness level/amount of activity?

Do you currently eat healthy?

Are you open to making positive changes in your food and lifestyle?

Do you smoke?

Do you drink alcohol?

Do you have any underlying health conditions or injuries?

Have you taken part in any online fitness programs prior to this one?

How did you hear about this program?

If you enjoy the program would you be happy to share your story with others?

What do you believe is your current biggest stumbling block when it comes to fitness and eating healthy?

Where do you see yourself one year from now?

This program is designed to be tough and challenging. Do you think you will stick it out?

Explain why you want to be considered for this program?

All answers are strictly confidential. Once you have emailed your form back to me, you will receive a confirmation email that your application has been received and is being reviewed. Good luck!