

# EQUINOX

## EQUIFIT REQUEST FORM

COMPLETE THIS FORM TO RECEIVE YOUR  
COMPLIMENTARY EQUIFIT SESSION WITH  
ONE OF OUR PERSONAL TRAINERS.

Name: \_\_\_\_\_

Tel #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

- MONDAY     THURSDAY     MORNINGS  
 TUESDAY     FRIDAY     AFTERNOONS  
 WEDNESDAY     SATURDAY     EVENINGS  
 SUNDAY

REDEEMABLE FOR ONE-TIME 60 MIN. SESSION.



Q.EQUINOX.COM