



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FOOTHILLS AREA YMCA

Name: _____ Date: _____

Phone: _____ Email: _____
Employer (if applicable; for corporate membership eligibility):

Have you ever been a member of the Y? Yes / No

If yes, why did you leave? _____

Are you interested in a family membership or an individual membership? member-

- Family
- Individual

What are your primary interests?

| | | |
|--|---|--|
| <input type="checkbox"/> Personal Fitness | <input type="checkbox"/> Water Fitness Classes | <input type="checkbox"/> Afterschool Care |
| <input type="checkbox"/> Exercise Classes | <input type="checkbox"/> Circuit Training | <input type="checkbox"/> Free Weights |
| <input type="checkbox"/> Personal Training | <input type="checkbox"/> Teen Fitness | <input type="checkbox"/> Yoga |
| <input type="checkbox"/> Lap Swim | <input type="checkbox"/> Swim Lessons | <input type="checkbox"/> Family Activities |
| <input type="checkbox"/> Zumba/Dance | <input type="checkbox"/> Youth Sports | <input type="checkbox"/> Social Events |
| <input type="checkbox"/> Walking | <input type="checkbox"/> Senior Fitness Classes | <input type="checkbox"/> Camp |

What would you/your family like to gain from your Y experience?

How many children do you have and what are their ages?

THANK YOU FOR VISITING. ENJOY YOUR TOUR!



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Is there anything you didn't see on your tour that you would have liked to?

Follow up notes....

OFFICE USE ONLY

Was tour given? _____ If yes, by who: _____

Did member join?

- Yes
- No

Follow up call made: _____ / _____ / _____

Comments from tour:

Sign up checklist

| | |
|---|---|
| <input type="checkbox"/> Picture Taken | <input type="checkbox"/> Lap Swim/Group Fit Reservation |
| <input type="checkbox"/> FitQuest Appointment Offered | System Explained |
| <input type="checkbox"/> Upcoming Program(s) Offered | |

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