

# MCCS Health Promotion Wellness Request Form

## Information

Full name	
Phone	
Email	
Today's date	

## Which camp would you like to train on?

*\*Note that our Trainers are only authorized to train on Marine Corps Installations*

## What time would you prefer to train?

*\*Please note that Trainer availability is limited, so flexible timeframes are appreciated*

How many days per week would you like to train?

What are your fitness goals?