

# FORM

**Last Name:**

**First Name:**

**E-mail:**

**Age:**

**Sport activities:**

**Goal to reach:**

**Date of that objective:**

**Past sport experience:**

**Strenght test (One time only)**

**Squat:**

**Bench:**

**Dead lift:**

**Chin up:**

**Close grip bench:**

**Power-clean:**

**Shoulder press:**

**Strong Aspects:**

**Wealnesses:**

**Daily Activities (In hours):** Wake-up, bed time, school, work activities, hobby, from monday to friday, am, pm.

**Return to: Éric Chevrier, Promenade Ontario 56552 mtl Qc h1w 3z3  
with a certified check:**

**PLAN# \_\_\_\_\_**