

Guest Needs Analysis

"Your Health is Priceless, We Make it Affordable"

Yes

No

Date:		
Name	Email	
Address	City State Zip	
Daytime Number ()	Evening Number ()	
How did you hear about our club?		

General Information

Employer Occupation
Is this location close to yourHomeWork?
What time of day is most convenient for you to exercise?MorningAfternoonEvening
Are you wanting toLose WeightGet In ShapeStay In Shape?
What areas are most important to you? (Check all that apply)
ConvenienceLose Weight/InchesMuscle ToneCardiovascularIncrease In Energy
Decrease Body FatStress ReductionLook/Feel BetterStrengtheningOther
Do you have anyone encouraging your desire to get in shape?FriendsFamilySpouse

Fitness History/Background

Have you ever been a member of a health club before?	
If Yes, what club?	
Are you currently a member? How long ago?	
What did you like the most about your club?	
What did you not like about your club?	
Why did you stop?	
If No, what has stopped you from joining a club in the past? Time Money Desire	
le that still a problem for you?	
Is that still a problem for you?	
Would you consider Personal Training or Group Training?	
Would you consider Personal Training or Group Training?	
Would you consider Personal Training or Group Training? [Are you ready to start a healthy lifestyle program NOW? [

NEW MEMBER TOUCH PROGRAM

Name:	Join Date:
Address	State, Zip:
Home #:	Work #:
Email:	Cell #:

*Actions: *VM: Voice Mail *CA: Call Attempt * LS: Letter Sent *EM: E-Mailed *TC: Task Completed

Scheduled 30 Days of Workouts (1st wk - 3; 2nd wk - 2; 3rd & 4th wk - 1)

(Member may W/O more often. If scheduled W/O time is missed, call within 1 hour)

*Action:	Comments / Notes:	By:	Date:

Welcome Letter/Thank You Note w/3 Guest Passes Mailed Within 1 Day of Joining

*Action:	Comments / Notes:	By:	Date:

Friday - Welcome to the Club Call

*Action:	Comments / Notes:	By:	Date:

Week 1 - 1st W/O - Weight, Measurements, Pictures, & WO. Confirm next W/O time

*Action:	Comments / Notes:	By:	Date:

Week 1 - 2nd W/O - Assist with W/O. Confirm next W/O and invite friends

*Action:	Comments / Notes:	By:	Date:

Week 1 - 3rd W/O - Assist wit W/O. Introduce Weight Loss Program. Confirm next W/O

*Action:	Comments / Notes:	By:	:	Date:

Week 2 - 4th W/O - Review W/O. Present PT Program. Confirm next W/O

*Action:	Comments / Notes:	By:	Date:

Week 2 - 5th W/O - Review W/O. Offer trail amenity. Confirm next W/O and invite friend

*Action:	Comments / Notes:	By:	Date:

Week 3 - 6th W/O - Review W/O. Offer another amenity trial and up sale. Confirm next W/O

*Action:	Comments / Notes:	By:	Date:

Week 4 - 7th W/O - Program Review

*Action:	Comments / Notes:	By:	Date:

Week 4 - Confirm New Member in Billing System

*Action:	Comments / Notes:	By:	Date:

After Touch Program is complete, have Manager verify and file in Current Member Files.