BUILT TO LAST ™

Schedule Request Form

Please give this form to Janice at the beginning of your session.
For illness or an emergency, contact Janice as soon as possible.

Client name _____ Date submitted _____

Phone / preferred contact _____ Program _____

1. What are you requesting? Check all that apply.

- ☐ Time off / temporary pause
- ☐ Change to recurring day or time
- ☐ Makeup session
- ☐ Return after a break
- ☐ Preferred appointment time
- ☐ One-time appointment change
- ☐ Additional weekly session
- ☐ Other: _____

2. Dates & appointment preferences

Current appointment day / time _____

Appointment date(s) affected _____

Time off: first date away _____ Expected return date _____

First choice: day / time _____ Second choice: day / time _____

For a recurring change, requested start date: _____

Notes / other details (optional): _____

_____

3. Janice confirmation | Completed together

- ☐ Confirmed
- ☐ Pending
- ☐ Alternative offered

Confirmed date(s) / day / time: _____

Confirmed by / date: _____

Requests depend on availability. Keep your existing appointment until a change is confirmed.
Same-week makeups and the same spot after time off cannot be guaranteed. Club terms apply.

Janice Nolan | 314-779-6321 | www.built2lastfitness.com