



*ALIVE!*  
WHOLE LIFE FITNESS STUDIO

## **Change the Way You Age Group Coaching Program Application**

**I am applying to be considered as one of your exclusive “Change the Way You Age” participants in 2010.**

**Today’s Date**

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**Name**

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**Company Name/Work**

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**Street Address**

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**City/Town**

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**State**

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**Zip Code**

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**Country**

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**Phone**

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**Mobile Phone**

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**Email**

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**Website (if any)**

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**1. What interested you in this program?** \_\_\_\_\_

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**2. What positive thoughts/feelings do you have about aging?** \_\_\_\_\_

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**3. What challenges are you currently facing around aging?** \_\_\_\_\_

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**4. If you knew your success was assured what three things about the way you are aging would you change over the next 6 months?** \_\_\_\_\_

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**5. What's your long term vision for how you want to age?** \_\_\_\_\_

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**6. Up until now, what do you think has been your biggest challenge regarding aging? \_**

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**7. What does it mean to you to age “powerfully”? \_\_\_\_\_**

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**8. How do you feel about being part of a group program rather than having private, one-to-one sessions? \_\_\_\_\_**

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**9. What else you would like to share with me when considering you for this program?**

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Signature: \_\_\_\_\_