## **Scott Sanders**

Personal Trainer / Massage Therapist / Nutritional Advisor

Long-Term Goals			
Name Date			
			Date
	Please list your long-term goals	Goal Date	Achieved
1.			<u> </u>
2.			
3.			
	What, if any, obstacles do you see yourself encountering?		
1.			
2.			
3.			
٥.			
	How will you overcome these obstacles?		
1.			
2.			
3.			
	Do you have specific concerns regarding the achievability of these goals?		
1.			

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