

MY PERSONAL MACHINE SETTINGS ARE...

SEAT _____, LEFT ARM LENGTH _____, LEFT ARM ANGLE _____, RIGHT ARM LENGTH _____, RIGHT ARM ANGLE _____, LEFT THIGH
LENGTH _____, LEFT THIGH ANGLE _____, RIGHT THIGH LENGTH _____, RIGHT THIGH ANGLE _____.

RECOMMENDED BELTS AND STRAPS REQUIRED: _____

MY CUSTOM PROGRAM SETTING IS: _____

DATE	WEIGHT (OPTIONAL)	GIRTH (OPTIONAL)	RESISTANCE LEVEL	SPEED	START PROGRAM HEART RATE	MID PROGRAM HEART RATE	HEART RATE 1 MIN AFTER END OF PROGRAM	DISTANCE TRAVELLED (OPTIONAL)	MINUTES ON MACHINE (OPTIONAL)	STAFF INITIAL

SUMMARY (OPTIONAL)

TOTAL DISTANCE TRAVELLED: _____ TOTAL MINUTES EXERCISING ON MACHINE: _____ TOTAL CALORIES BURNED: _____

TOTAL WEIGHT CHANGE + OR - _____ TOTAL GIRTH CHANGE + OR - _____

NU-STEP TO MY HORIZONS

NAME: _____

DATE: _____

MY PERSONAL MACHINE SETTINGS ARE...

SEAT _____, LEFT ARM LENGTH _____, LEFT ARM ANGLE _____, RIGHT ARM LENGTH _____, RIGHT ARM ANGLE _____, LEFT THIGH
LENGTH _____, LEFT THIGH ANGLE _____, RIGHT THIGH LENGTH _____, RIGHT THIGH ANGLE _____.

RECOMMENDED BELTS AND STRAPS REQUIRED: _____

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DATE	WEIGHT (OPTIONAL)	GIRTH (OPTIONAL)	RESISTANCE LEVEL	SPEED	START PROGRAM HEART RATE	MID PROGRAM HEART RATE	HEART RATE 1 MIN AFTER END OF PROGRAM	DISTANCE TRAVELLED (OPTIONAL)	MINUTES ON MACHINE (OPTIONAL)	STAFF INITIAL

SUMMARY (OPTIONAL)
TOTAL DISTANCE TRAVELLED: _____ TOTAL MINUTES EXERCISING ON MACHINE: _____ TOTAL CALORIES BURNED: _____
TOTAL WEIGHT CHANGE + OR - _____ TOTAL GIRTH CHANGE + OR - _____