

**Payment Agreement and Terms**

Name \_\_\_\_\_

E-mail \_\_\_\_\_

Daytime phone \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

Cell phone \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Rate desired goals (1 – most important to 7 – least important):

\_\_\_Strength

\_\_\_Improve Posture

\_\_\_Sculpt and Tone

\_\_\_Weight Loss

\_\_\_Flexibility

\_\_\_Health Reasons

\_\_\_Reduce Pain

List Reasons: \_\_\_\_\_

Session Fee: \_\_\_\_\_ Number of sessions per week \_\_\_\_\_

If a session is scheduled and you are unable to make that session, please call at least 10 hours prior to scheduled session. If client fails to cancel a scheduled session at least 10 hours prior, a full session fee will be charged.

Training Location:      Club      Home      My Studio

Training Method: \_\_\_\_\_

ACCEPTED BY:

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Client**

**Witness** \_\_\_\_\_ **Date** \_\_\_\_\_

**Personal Trainer**

The Scoop On Pilates, L.L.C.  
Nancy @SkinnyJeansForever.com 724-747-0537