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
__Sculpt and Tone
__Flexibility
__Reduce Pain
__Improve Posture
__Weight Loss
__Health Reasons
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 8 hours prior to scheduled session. If client fails to cancel a scheduled session at least 8 hour 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

Instructions - Fax to: 724-873-0830

The Scoop on Pilates, L.L.C.
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