



personal fitness & wellness defined

Client Information Sheet

Date _____

Name _____

Home Phone _____

Alternate Phone _____

Email Address _____

Home Address- Street _____

City _____ State _____ Zip _____

Birth date _____

How did you hear about us?

CANCELLATION POLICY (please initial)

We ask that you notify us 24 hours in advance if you need to cancel your appointment, in order to avoid full charges.

PAYMENT POLICY (please initial)

We ask that you pay for your session or package prior to scheduling your next appointment. Payment is non-refundable.