



www.liftedcoaching.com

TERESA MROZIK

liftedcoaching@outlook.com

CLIENT INFORMATION & COACHING TERMS AGREEMENT

Please complete your portion of this agreement, review the terms and once agreed upon, please sign & e-mail to LiftedCoaching@outlook.com, along with your completed client packet and credit authorization. *Now let's manifest greatness together!!!*

CLIENT INFORMATION

Client Name _____

Address _____

Cell Phone _____ Alternate Phone _____ (Hm or Wk)

Fax _____ Email _____

Employer _____ Birthday ___/___/___

Occupation _____

Children (Names & Ages) _____

Partner's Name _____

Contact

Contact will be made primarily by e-mail with option to text or call as necessary.

COACHING TERMS

Fees: _____ for MONTHLY PACKAGE # _____ (See LC Monthly Packages)

Session Details: _____

Ideal Days: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Ideal Session Time: ___am/pm - ___am/pm Mornings or Afternoons or Evenings

Procedures:

- An email will be sent with all contact directions for the sessions. Coach will confirm that the email was received and is understood at least 24 hours prior to scheduled time.

I understand that *Teresa Mrozik of Lifted Coaching* is not a licensed therapist, and that I am responsible for all my decisions, actions and feelings. *Time to make magic happen!*

Client Signature: _____ Date: _____