

CLIENT CONTACT SHEET AND AGREEMENT

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Date of Birth: _____

I, _____, agree to participate in a fitness and nutrition regimen to the best of my ability with the help of **Marilyn Ward**, Wellness Coach.

_____ The hourly rate for one (1) 45-minute session is \$75.00. I understand and agree that I am required to pay \$750.00 in full for eleven (11) sessions. By doing so, I am receiving one (1) session at no charge.

OR

_____ The hourly rate for one (1) 30-minute session is \$55.00. I understand and agree that I am required to pay \$550.00 in full for eleven (11) sessions. By doing so, I am receiving one (1) session at no charge.

I understand and agree that the method of payment is by check or cash only, unless paying by Venmo (which is to be paid prior to taking the 1st session). I am aware that there is a \$30.00 charge for insufficient funds.

I understand there are no refunds.

By signing below I am agreeing to the terms of this agreement this _____ day of _____, 20____.

Client's Signature

Witness Date

Print Name