

*PARKSIDE PILATES with LAURIE SITTERDING*  
**CLIENT INTAKE FORM**

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE #: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

RELATION TO CLIENT: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE #: \_\_\_\_\_

\*Please note that PARKSIDE PILATES with LAURIE SITTERDING adheres to a strict 24-hour Cancellation Policy. If cancellations are made less than 24 hours prior to your scheduled session, you will be responsible for the full cost of the session.