

BODY BY YOU

coaching by dessie

SIGN UP SHEET

CLIENT INFO:

NAME: _____ PHONE NUMBER: _____

EMAIL: _____

ADDRESS: _____

NAME OF EMERGENCY CONTACT: _____ RELATIONSHIP: _____

PHONE NUMBER OF EMERGENCY CONTACT: _____

DATE OF BIRTH: / / HEIGHT: _____

OCCUPATION: _____

CURRENT PHYSICAL ACTIVITIES: _____

MEDICAL INFORMATION: _____

PLAN SUMMARY:

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SESSIONS PER WEEK: 1 2 3 4 5 SESSIONS LENGTH: 30 MIN 45 MIN 60 MIN

SCHEDULING: SET FREE BEST TIME: _____

NOTES: _____

PRICING:

(SESSION RATE) X (DAYS NEEDED PER MONTH) = MONTHLY PAYMENT CONSULTATION: \$25 - COMPLETED ON: _____

SCHEDULING: SET FREE BEST TIME: _____

CLIENT: _____ CLIENT SIGNATURE: _____

TRAINER: DESSIE RITCHEY DATE: _____