

Pilates

Client Information Sheet



Today's Date: _____

Name: _____

Address: _____

Home phone: _____ cell number: _____

Email: _____

Birthday/date: _____

Emergency contact: _____

How did you hear about Pilates? _____

How would you like your classes confirmed:

Email: _____

Phone: _____



Cancellation Policy

Cancellation of a class must be made by 6pm the previous day to the class, otherwise I realize I will need to pay for the class or have it fore fitted from my package.

Signature

Date

