



Inner Smile Success

Do something good for yourself.

Energy Healing
Success Coaching
Massage Therapy

Client Data & Coaching Terms of Agreement

Please complete this agreement, review the terms, sign & bring it with you along with your completed credit authorization. Thank you!

Client Name _____

Address _____

Day Phone _____

Evening _____

Fax _____

Email _____

Children (Names & Ages) _____

Partner's Name _____

Birthday _____

Occupation/Employer _____

COACHING TERMS:

Fees: \$80 for each 1 hour sessions

Session Day: Monday Tuesday Wednesday Thursday Friday

Session Time: am pm PT MT CT ET other _____

Procedures:

Call [your phone number here] for our sessions.

If you call in and get my voice mail, please call back after one full minute.

Please do not leave a message and wait for me to call you back.

I understand that David Park is not a licensed therapist and that I am responsible for all my decisions, actions and feelings.

Client Signature/ Date _____