



Confirmation of Charges - Training

Name _____

As you begin your training with us, we would like you to be acquainted with our policies and procedures regarding payment:

Single Session 60 min \$ 85

Single Session 45 min \$ 75

Single Session 30 min \$ 65

Introductory Package 30 min \$ 440 (\$55 each)
(One-Time Purchase)

Package 10 Sessions \$ 800 (60min) \$700 (45min) \$600 (30min)

Package 20 Sessions \$ 1500 (60min) \$1300 (45min) \$1100 (30min)

Partner Session 45 min \$ 90 (\$45 each person)

1. *You are responsible for paying your payments at the time of each visit.*
2. When signing up for a package, you are responsible for the full amount even if you do not attend all 5 or 10 sessions.
3. There will be a charge of \$50.00 for NO SHOW appointments or cancellations with less than 24-hour notification. You will be personally responsible for any cancellation fees.
4. Please note that you are personally responsible for payment of any supplies you receive such as: therabands, gym balls, versa-tubes, etc. Payment is due at time of service.

I have read and fully understand all of the above information and hereby agree to comply as outlined.

Signature: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Appointment Reminder (circle one): TEXT MESSAGE EMAIL PHONE CALL