

SAMMIE HAYES  
COACH

Client Data & Coaching Terms of Agreement

Please complete this agreement, review the terms, sign, & mail. Thank you.

Client Data:

Name \_\_\_\_\_

Address \_\_\_\_\_

Day phone \_\_\_\_\_ Eve phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Email \_\_\_\_\_

Birthday \_\_\_\_\_ Occupation \_\_\_\_\_

Coach Terms:

Fees: \$ \_\_\_\_\_ for \_\_\_\_\_ sessions / month (approx. 45min each)

Session Day: Monday Tuesday Wednesday Thursday Friday

Session Time: \_\_\_\_\_ am pm PT MT CT ET other \_\_\_\_\_

I understand that Sammie Hayes is a professional coach, not a licensed therapist, and that I am responsible for all my decisions, actions, and feelings.

Client signature \_\_\_\_\_

Date \_\_\_\_\_