

Pilates

in Erin

2 Thompson Cres #5, Erin, ON
(905) 703-8618 | pilatesinerin@gmail.com
pilatesinerin.com

Restore · Strengthen · Challenge

New Client Inquiry

Name: _____ Date of birth: D/ _____ M/ _____ Y/ _____

Address: _____ City: _____

Postal Code: _____ Telephone (Home): (_____) _____

Telephone (Work): (_____) _____ Email address*: _____

*By giving us your email address, you are agreeing to allow us to use email for studio communication (reminders etc.) and promotion.

Referred by (*where did you hear about Pilates in Erin?*): _____

Emergency contact name: _____ Relationship to: _____

Emergency contact telephone: _____

My preferred time to come to the studio is: daytime afternoon evening

Day: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

I am interested in:

- | | | |
|--|--|---|
| <input type="radio"/> Group Sessions | <input type="radio"/> Group Classes | <input type="radio"/> Private Sessions |
| <input type="radio"/> Surgery Rehabilitation | <input type="radio"/> General Fitness | <input type="radio"/> More Energy |
| <input type="radio"/> Cardio | <input type="radio"/> Improved Posture | <input type="radio"/> Reformer Classes |
| <input type="radio"/> Weight Loss | <input type="radio"/> Mat Classes | <input type="radio"/> Toning |
| <input type="radio"/> Core (ab and back strengthening) | <input type="radio"/> Less Pain | <input type="radio"/> Injury Rehabilitation |

My top priority is: results price time/day flexibility

For studio use: Date of inquiry _____ dd _____ mm _____ yyyy Enter in MBO _____



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Wellness Assessment: Recommendations and follow ups

Client: _____ Date of assessment: _____

Recommendations:

1. Group class

Class name: _____ Duration: _____

Class day and time: _____

2. Private sessions

Instructor: _____ First appointment date: _____

Duration (package bought): _____

1st follow up (after 2 weeks / 2nd appointment follow up):

Notes:

Recommendations made:

2nd follow up (towards the end of the session or package):

Notes:

Recommendations made: