



# CLIENT INTAKE FORM



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WWW.REDGIRLRISING.COM

## CONTACT INFO:

ORGANIZATION/ GROUP NAME	CONTACT NAME
CONTACT PHONE	EMAIL
MAILING ADDRESS	

## BOOKING INFO:

ARE YOU BOOKING:  CONSULTATION  WORKSHOP  PROGRAM(S)	BRIEFLY DESCRIBE YOUR GOALS IN BOOKING RED GIRL RISING'S SERVICES
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IF BOOKING PROGRAM(S), SELECT WHICH PROGRAMS BELOW

<b>BOXING:</b>  RED REVOLUTION  RED GIRLS RESISTANCE  RED RISING BOX FIT	<b>YOGA:</b>  RED REBELLION  RED RISING GENTLE YOGA  SEVEN LAWS SERIES	<b>CLASSES</b>  ONE CLASS  MULTIPLE CLASSES*  *HOW MANY CLASSES? _____	<b>PARTICIPANTS</b>  CO-ED  WOMXN ONLY
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DO YOU REQUIRE A PRACTICE SPACE, OR DO YOU HAVE ONE AVAILABLE?      NEED SPACE      READY TO USE

CHOOSE THREE OF THE BEST DATES AND TIMES FOR YOUR SESSION(S) – CHECK AVAILABILITY AT [REDGIRLRISING.COM/CONTACT](http://REDGIRLRISING.COM/CONTACT)

DD/MM/YYYY 1)	2)	3)
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## EXTRA INFO:

PLEASE PROVIDE A BRIEF DESCRIPTION OF YOURSELF OR THE DEMOGRAPHIC YOU ARE BOOKING (EG. ~AGE, FITNESS LEVEL):

ARE THERE ARE ANY POSSIBLE MEDICAL CONDITIONS/HEALTH CONCERNS? (E.G. DIABETES, HEART CONDITIONS)

FEEL FREE TO ADD ANY ADDITIONAL INFORMATION OR QUESTIONS/HERE: