CLIENT INTAKE FORM

1-250-713-6450 IVY@REDGIRLRISING.COM WWW.REDGIRLRISING.COM

CONTACT INFO:

ORGANIZATION GROUP NAME	CONTACT NAME
CONTACT/ PHONE	EMAIL
MAILING ADDRESS	

BOOKING INFO:

ARE YOU BOOKING:

- ☐ CONSULTATION
- ☐ WORKSHOP
- ☐ SESSION(S)

BRIEFLY DESCRIBE YOUR GOALS IN BOOKING RED GIRL RISING'S SERVICES?

PLEASE CHECK THE FOLLOWING BOXES THAT APPLY TO YOUR BOOKING:

PROGRAMS	LOCATION	SESSIONS	PARTICIPANTS:
☐ BOXING	☐ LOCAL IN PERSON	☐ ONE SESSION	☐ CO-ED
☐ FITNESS	☐ VIRTUAL	☐ SERIES OF SESSIONS	☐ WOMEN ONLY
☐ YOGA	☐ OUT OF TOWN IN PERSON	*HOW MANY SESSIONS? _____	

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

DD/MM/YYYY 1) 2) 3)

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: