

Awakenings

Coaching Agreement

Client Data:

Name _____ *Birthdate* _____

Address _____

Phone # _____ *Email* _____

Occupation _____ *Employer* _____

Coaching Terms

Fees: \$ _____ *for* _____ *sessions per month*

Session date and time: _____

Duration: _____

I understand that Karen Cressman is not a licensed therapist and that I am responsible for all my decisions, actions, feelings, growth and personal development.

Client Signature _____

Date _____

Karen Cressman
Awakenings
Spiritual Life Coach
615-662-3864
Karen@awakenyourlight.com
www.awakenyourlight.com