



S.T.A.R. Pilates

strength training and reconditioning

CLIENT INFORMATION SHEET

Name	
Date	
Please tell us about yourself:	
Full Address & ZIP	
E-mail address	
Cell phone	
Home phone	
Work phone	
Birth date	
Emergency Contact (relationship) Name & Phone	
Occupation	
Reason for coming in today	
How did you hear about S.T.A.R.?	