



Private Request

CLIENT: Please fill in ALL fields

Name	Email	<input type="checkbox"/> Member	<input type="checkbox"/> Info on file
Address	City	State	Zip
Phone: Home	Work	Mobile	

If requesting a semi-private, please list other clients:

CLIENT 2	Name	Phone
CLIENT 3	Name	Phone

Service	<input type="checkbox"/> Private <input type="checkbox"/> Semi-Private <input type="checkbox"/> Hot Private <input type="checkbox"/> Hot Semi-Private
Style	<input type="checkbox"/> Vinyasa <input type="checkbox"/> Hot Sequence <input type="checkbox"/> Restorative <input type="checkbox"/> Gentle <input type="checkbox"/> Introductory
Special Needs	
Instructor	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> No preference <input type="checkbox"/> Request:

<i>Availability</i>	Mon	Tue	Wed	Thu	Fri	Sat	Sun
TIME 1							
TIME 2							
TIME 3							

STAFF USE ONLY

Instructor	Date Called	Availability	Client
			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N

Appt Date(s): _____ **Day(s):** M Tu W Th F Sa Su

Time(s): _____ **Instructor:** _____

Confirmed: Instructor Client 1 Client 2 Client 3

Check: Cancellation policy explained Prepaid

Credit Card Type: Visa Mastercard American Express Discover

Number: _____ **Expires:** ____ / ____

INTERNAL USE ONLY

Received on: ____ / ____ / ____ Entered by: _____ Date entered: ____ / ____ / ____