



“Where the Only Limitation is the Imagination”

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Client Data & Coaching Terms of Agreement

Please complete this agreement, review the terms, sign & fax to 972-863-7498 or scan and email to adina@richeducationalconsulting.com, along with your completed credit authorization. Thank you!

CLIENT DATA:

Client Name _____

Address _____

Day Phone _____

Evening _____

Fax _____

Email _____

Children (Names & Ages) _____

Partner's Name _____

Birthday _____

Occupation/Employer _____

COACHING TERMS:

Fees: _____ for _____ 4 _____ sessions per month

Duration of session: approx. _____ 45 _____ minutes per session

Session Day: Monday Tuesday Wednesday Thursday Friday

Session Time: _____ am _____ pm PT MT CT ET other _____

Procedures:

- Call [your phone number here] for our sessions.
- If you call in and get my voice mail, please call back after one full minute.
- Please do not leave a message and wait for me to call you back.

I understand that *Adina Rich, M.Ed.* is not a licensed therapist and that I am responsible for all my decisions, actions and feelings.

Client Signature/ Date _____