



Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Birth Date _____ Profession _____

Contact Phone (____) _____

Email _____

Availability: Days of the Week _____

Times _____

Please list any physical limitations, pre-existing injuries, surgeries, pregnancies, and any significant medical treatments below.

How did you hear about Intown Pilates Atlanta? _____

CANCELLATION POLICY: For cancellation of private, duet, or group reformer appointments, we require a 24-hour notice. Failure to adhere to this policy could result in a late charge/cancellation fee totaling the amount of that session. Initial: _____