



How We Will Work Together Client Data & Coaching Terms Agreement

Please complete this agreement, review the terms, along with your completed credit authorization.
Thank you! Fax or Email to me at 912-355-4505 glenportlife@gmail.com

CLIENT DATA

Client Name _____

Address _____

Day Phone _____

Evening _____

Fax _____

Email _____

Children (Names/Ages) _____

Partner's Name _____

Birthday _____

Occupation/Employer _____

COACHING TERMS

Fees: _____ for _____ sessions per month [fill in your fees and specifics]

Duration of session: approx. _____ minutes per session

Session Day: Monday Tuesday Wednesday Thursday Friday

Session Time: am pm PT MT CT ET other _____

PROCEDURES

- Call 912-231-0128 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.
- Coaching Statement: I understand that Deborah Glenn is not a licensed therapist and that I am responsible for all my decisions, actions, and feelings.*



Client Signature _____

Date _____

Discover Creative Core Coaching!

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