



Client Contact Information:

Name: _____
(first) (last) (nickname if any)

Phone: _____ Email: _____ @ _____ . _____

Mailing Address: _____

In case of schedule changes, I prefer to be contacted via:

Phone: _____ Email _____ Both _____

Additional hobbies or interests:

To help the Inspire staff better serve your needs, we would appreciate this additional information:

How did you hear about Inspire Yoga Studio?

Are there specific benefits you hope to gain through the practice of yoga?

How often do you practice?

Daily _____ Weekly (Xs per week) _____ Occasionally _____

How often and what kind of other exercise are you currently doing?

What time of day do you prefer to practice yoga? AM _____ Mid Day _____ PM _____

Would you like to be included on our mailing list? Yes _____ No _____