

River Warrior Yoga

Fletcher D Johnson, RYT

410-708-2798-Cell
Info@riverwarrioryoga.com

Financial Agreement

Date: _____

This Agreement states that (I, name of party receiving service),

Will be responsible for

- 1 private session at a rate of \$75 per hour, or
- 5 sessions at a rate of \$60 per hour; (a discount of \$75 for the full session), \$300 total.
- 10 session at a rate of \$30 per half hour; (a discount of \$75 for the full session), \$300 total.
- Gift Certificate in the amount of \$ _____

Total amount responsible for: _____

In return, Fletcher D. Johnson, RYT will be providing me with _____ hours worth of private yoga, reiki, or a custom combination of services.

Either party may cancel appointment with 24 hours or more noticed, or will otherwise be required to pay the above stated fee.

Payments must be made before service's are rendered by cash, check, or credit card.

Signature of Fletcher D. Johnson, RYT: _____

Signature of Client: _____