ENNEAGRAM & MARRIAGE COACHING AGREEMENT
(REFLECTIONS COUNSELING CENTER, LLC, CHRISTA HARDIN, MA)

Date: _____

CLIENT INFORMATION

Client Full Name: _____ Date of Birth: _____
Partner Full Name: _____ Date of Birth: _____ (if applicable)

Address:
_____
City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

May we email you with announcements and coaching information? □ Yes □ No

How did you hear about us? □ Instagram □ Podcast □ Book □ Friend □ Other: _____

PACKAGE SELECTION

Please select your coaching package:
□ 3-Month Intensive ($3,500)
□ 6-Month Partnership ($5,000)

PAYMENT INFORMATION

Credit Card Type: □ Visa □ Mastercard □ American Express □ Discover

Card Number: _____
Expiration Date: _____ CVV: _____

Billing Address (if different from above):

_____

POLICIES AND AGREEMENTS

1. Package Commitment: By signing this agreement, you are committing to either a 3-month or 6-month coaching relationship. A 30-day written notice is required for early termination.

2. Session Scheduling: Sessions will be scheduled at mutually agreeable times. Each package includes:

- **Weekly 90-minute coaching sessions**
- **Email support between sessions**
- **Customized resources and materials**

3. Cancellation Policy: 24-hour notice is required for session cancellation to avoid being charged. Late sessions will not receive extended time.

4. Confidentiality: All information shared during coaching sessions will be kept strictly confidential unless written approval is granted by the Client.

5. Coaching Focus Areas:

- **Understanding your Enneagram type and instincts**
- **Developing relationship strategies**
- **Building communication skills**
- **Creating personal growth action plans**
- **Implementing positive relationship patterns**
- **Setting and achieving partnership goals**

Your signature below indicates full understanding and agreement with all terms outlined above.

Client Signature: _____ Date: _____

Partner Signature: _____ Date: _____ (if applicable)

Coach Signature: _____ Date: _____

For office use only:
Package Start Date: _____
Package End Date: _____

Return form to enneagramandmarriage@gmail.com or christa@enneagramandmarriage.com