

SERVICES AGREEMENT

Name _____

Date _____

INDIVIDUAL COUNSELING SESSIONS

- \$125.00 session fee (Sliding Scale Available)
- Phone or Skype Sessions are also available.
- Please give 24 hours notice for cancellation.

I understand the terms of this agreement.

Dr. Julie A. Hollingsworth
Ph D (Doctor of Esoteric Studies), LCDC, ADC III, ICADC
Credentials of Ministry

Client Signature

Date