5 Week Accountability Group Service Agreement

This S	Service Agreement is being made betwee	en Move Better Health and	Fitness located at 10303
NE F	ourth Plain Blvd #105 and		(Your Name) located
at		(Your Address) on	(Date).
1.	Service: 5 Weeks of Accountability C	oaching	
2.	Terms: Each day you will track 5 cates	gories of healthy habits yo	u want to adapt:
2) 3) 4)	5 servings of veggies daily 4 servings of carbohydrates and fat 3 servings of protein 30 minutes of movement 64oz of water		
me en	ou will type or write out everything da eek is a bet on yourself to do the things y love your body. A week is Monday to Mo nail me or fill out your Google sheet. You (\$1 for every point missed daily).	you know you should be do onday. You have until Mo	oing to nourish, fuel, and onday at midnight to
3.	Payment: Please leave your card info for payment below. Move Better Health and		
	Fitness will process payment on Tuesday of each week for points missed from the		
	previous week.		
	Name:		
	Card Number:		
	Exp:CVV:		
	Or I can invoice you \$1 through Square and you can check the box to save card on file.		
	Email Address for Invoice:		
4.	Term: The term of this Agreement is 5	5 Weeks from the 1/6.	
By sig	gning below, I agree to the terms of this A	Agreement.	
Name	e:	D	ate: