

**COMPLETION OF
COACHING SERVICES**

Date: _____

_____ has completed his/her coaching.

Name of Client

Our last coaching session was on _____. We met a total of _____ times.

The honorarium is: _____ (\$25 X the number of coaching sessions)

Coach's Name

Street Address

City, State, Zip

Phone

Email

Please email to: Darla.Martinez@lssmn.org

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