

Roger A Ballou LLC  
Concord, NH

Client Registration Form

Date \_\_\_\_\_

Client Information (please print):

1. \_\_\_\_\_  
Last Name First Middle Initial

2. \_\_\_\_\_  
Last Name First Middle Initial

Date of Birth 1. \_\_\_\_\_ 2. \_\_\_\_\_

Street Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Phone: \_\_\_\_\_ OK to leave messages? Y N

E-Mail Address: \_\_\_\_\_

2. Phone: \_\_\_\_\_ OK to leave messages? Y N

E-Mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ (name,  
relationship, and phone number)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Responsible Party Signature (If not the client or clients)