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(Please complete and e-mail to info@dreamstoreality-jc.org)

Today's Date: ____/____/____

Client Contact Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: (_____) _____ - _____ County: _____

Shoe Size: _____ Pant Size: _____ Shirt Size: _____ Bra Size: _____ Client Height: _____

Name of Referral Source: _____

Contact Person: _____ Phone #: (_____) _____ - _____

Contact Persons Email address: _____

Does Client have any special needs? Yes No

Please describe: _____

Where will client be working/interviewing : _____

For DTR use only:

Appointment Date: ____/____/____ Time: _____

Notes regarding appointment: _____

Left Message Date: ____/____/____

Left Message Date: ____/____/____

Left Message Date: ____/____/____

