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## Pilates Academy International Application

Name:	Date
Address:	Home Phone:
	Cell Phone:
City/ Zip:	Email:

### **REGISTRATION**

Space is reserved ONLY upon receipt of application, **\$200 non-refundable deposit per course and 2 letters of recommendation**. Space is limited and applications will be processed on a first-come, first-served basis.

Please indicate preferred course(s) below, and fill in start date of desired course(s).

**Anatomy, Biomechanics  
And Posture Review**  
start date: \_\_\_\_\_

**All Populations Mat**  
start date: \_\_\_\_\_

**All Populations Reformer**  
start date : \_\_\_\_\_

**All Populations Cadillac**  
start date: \_\_\_\_\_

**All Populations Chair**  
start date: \_\_\_\_\_

**All Populations Barrels**  
start date : \_\_\_\_\_

**Please list below any additional courses you would like to sign up for:**

### **PAYMENT METHOD:**

**(Please circle one and method of payment )**

Deposit(s) Only OR Payment in Full

Amex Discover MasterCard Visa Check Enclosed

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Exp

Signature \_\_\_\_\_

**CANCELLATION POLICY**

Course fees are due in full 14 days before the start of the course. Please note that once confirmation of the course has been made, there are no refunds.

**RELEVANT EDUCATION**

Please list related degrees, diplomas, post secondary or certificate courses and workshops

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Outline education in anatomy (courses/workshops taken)

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List related certification eg. ACE AFAA etc. (please specify)

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**RELEVANT EXPERIENCE**

Outline your teaching experience in the body movement, dance and/or fitness field

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Outline your experience with Pilates

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**PERSONAL INFORMATION**

Do you have any injuries, conditions or postural issues, including current or recent pregnancy, that may affect your performance during the course?

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How did you hear about Pilates Academy International?

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How do you plan to use your certification (how will you be applying your knowledge)?

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