



Pilates Teacher Training Program Application

First Name _____ Last Name _____

Date of Birth ___/___/___

Email Address _____

Phone _____-_____-_____

When is the best time for a phone consultation? _____ am _____ pm

Describe your Pilates experience _____0-1yrs _____2-5 yrs _____ 5+yrs

Which Teacher Training Program are you interested in? _____Mat _____Comprehensive _____Both

Why do you want to teach Pilates? _____

Do you have any physical injuries we need to know about? _____