

PILATES COURSE REGISTRATION

CLIENT INFORMATION				
First:	Surname:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss. <input type="checkbox"/> Ms.	DOB:
Street address:	Phone number:		Occupation:	
Street address:	State:	Suburb:	Postcode:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F

COURSE SELECTION AND PAYMENT	
Please select which course/courses you would like to register in:	
Lower Limb (\$140) <i>Wednesday 3rd October</i>	<input type="checkbox"/> Upper Limb (\$140) <i>Wednesday 7th November</i>
	<input type="checkbox"/> Mobility & Fascia (\$140) <i>Wednesday 5th December</i>
All 3 courses (\$360) <input type="checkbox"/>	Total Cost _____
Please fill out the details below to have your payment processed and confirm your spot in the course/s	
Name on card _____	
Card Number _____	Expiry: __/__/__ CCV: ___
<i>Please note: If you prefer to pay in person or over the phone we are able to accommodate this as well</i>	

QUALIFICATIONS/PILATES HISTORY
Please list previous qualifications (Pilates or other)

In what year did you complete listed qualification/s?

Please explain previous year/s of Pilates teaching experience

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YOUR GOALS

What are the current gaps in your Pilates knowledge?

What area/s would you like to improve in your teaching?
