

TEACHER TRAINING APPLICATION

Name _____ Date _____

Address _____ City _____

State _____ Zip _____ Phone _____

Alternate Phone _____ Email _____

Current Occupation _____

Emergency Contact _____ Phone _____

How much Pilates experience do you have? _____

With whom and where have you had your Pilates training? _____

Please explain any movement or sports experience you may have _____

Why do you want to become a Pilates instructor? _____

Please explain any teaching experience you may have _____

Have you taken any previous anatomy classes? If so, please list the extent of your experience _____
