



APPLICATION FORM

First Name

Last Name

Street Address

City

State /Province

ZIP/Postal Code

Country

Phone

Email

Describe your Pilates experience:

How did you hear about the Teacher Training Program?

Prior Pilates Experience

Instructor's name:

Studio name:

Phone:

Length of time at this studio:

How many times in the past six months have you worked out?

What are the main concepts emphasized in your sessions?

Which apparatus do you have experience with?

Reformer Mat Cadillac Pole Chair Barrels

Describe your movement/athletic history:

Describe your health history:

Why do you want to become a Pilates instructor?

Questions? Call Debby at 414.640.2253 email her at parkviewpilates@aol.com

Submit your application with a \$100 USD fee (non-refundable after three days) to Park View Pilates, LLC, 409 E. Silver Spring Drive, Whitefish Bay, WI 53217