

# course application

mail your application to:  
Pilates Training Center Hawaii  
25 Maluniu Ave. #204  
Kailua, Hawaii 96734

contact Information *please print*

name: \_\_\_\_\_ company name(if applicable): \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_ prov./state \_\_\_\_\_ country: \_\_\_\_\_ postal/zip code: \_\_\_\_\_

telephone day: \_\_\_\_\_ evening: \_\_\_\_\_ e-mail: \_\_\_\_\_

## course registration

applications must be accompanied by a detailed resume/CV outlining education and experience, two letters of reference, a deposit of 20% of the course fee .Space is limited and applications will be processed on a first come-first-served basis. Space will ONLY be reserved upon the receipt of all application materials and deposits.

Prices are subject to change without notice. Fees for courses and workshops do not include required course materials or applicable taxes. Course fees are due two weeks before course start date. Deposits and course fees are non-refundable. Deposits are non-transferable. For full details about our registration and cancellation policy, contact us.

## Intensive program

- IMP Intensive Mat-Plus™ - 40 hrs
- IR Intensive Reformer – 50 hrs
- ICCB Intensive Cadillac, Chair & Barrels – 50 hrs
- ISP Injury & Special Populations – 24 hrs
- AM Advanced Matwork – 6 hrs
- AR Advanced Reformer – 18 hrs
- ACCB Advanced Cadillac, Chair & Barrels – 12 hrs

start date requested

—



**relevant experience**

Outline your teaching experience (describe subject taught / years teaching)

---

---

---

---

Describe your personal experience in dance, fitness or other body work (how many years / how recently)

---

---

---

---

Outline your Pilates experience (describe when & where, indicated the STOTT PILATES method or other)

none  1-10 hrs  10-30 hrs  30+ hrs

---

---

---

---

**personal information**

Do you have any injuries, conditions or postural issues? Are you currently pregnant or have you recently given birth? Failure to disclose any issues prior to enrollment may result in your removal from the course or the modification of course repertoire for you individually.

---

---

---

---

How did you hear about the STOTT PILATES and its education program?

---

---

---

Why are you interested in becoming a Pilates instructor?

---

---

---



---

---

Are you using this course to fulfill continuing education credits?  Yes  No If so, for what organization? \_\_\_\_\_

---

---

---

---

---

**personal information (cont'd)**

I plan to attend all course hours:  Yes  No

I hereby certify that the information provided on this application is accurate.

I understand that failure to provide accurate information may result in my removal from the certification program.

I have included the following:

- 20% non-refundable / non-transferable course fee deposit
- Two letters of reference
- Detailed resume / CV of education / education

Applications that do not include the above will not be processed.

Signature:

date: \_\_\_\_\_