CENTERED BODY PILATES

teacher training application

601 Kansas Street, San Francisco, CA 94107
415 920 9133
www.centeredbody.com

name _____ date _____

date of teacher training you wish to attend? _____

address _____

telephone # _____ e.mail _____

highest level of education to date (circle one) GED high school bachelors masters PHD

school _____ emphasis _____ date of graduation _____

pilates experience _____

movement and/or sports experience _____

other certifications (if any) _____

current occupation _____

list any disabilities, limitations, or injuries that may possibly prevent you from completing this course _____

I do hearby state that all of the above is true.

signed _____ date _____

Mail application to the above address. Include a self addressed & stamped retrun envalope.