

# Allonge' Pilates Teacher Training

## **STUDENT REGISTRATION FORM**

1. Fully complete this registration form and submit with payment to Allonge'.
2. Order books: *Return to Life Through Contrology*, Joseph Pilates; *Discovering Pure Classical Pilates*, Peter Fiasca, Ph.D., *Anatomy of Movement*, *Anatomy Coloring Book*

\*Student agrees to complete full training, no refunds are available. Should Allonge' Pilates Studio cancel training, a full refund will be granted. Allonge' Pilates Studio reserves the right to change the start date of the program.

### **Student Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Home/Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth \_\_\_\_\_

Liability Insurance

Policy Holder \_\_\_\_\_ Policy Number \_\_\_\_\_

Date Effective \_\_\_\_\_

### **Method of Payment**

Amount Enclosed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

CHECK  # \_\_\_\_\_ CASH  \_\_\_\_\_

CREDIT CARD  # \_\_\_\_\_ EXP \_\_\_\_\_

\_\_\_\_\_  
(Signature)

**By signing this form, I agree to have the following charges (module tuition & exam fees) charged to this card at the scheduling of each new module & exam.**