



**PILATES TEACHER TRAINING
– APPLICATION –**

Please fill in the following information as completely as possible:

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Occupation: _____ Birth Date: _____

Referred by: _____

Emergency Contact Name: _____ Phone: _____

Location of Seminar: _____ Date: _____

Please indicate below which Training Track you wish to enroll in:

Mat Teacher Track

Mat/Reformer Teacher Track

Comprehensive Teacher Track

Please list all prior Pilates, movement/dance and/or fitness experience including date(s) or years of experience:

Please list all prior teaching experience, including dates and location.

Please list all degrees earned beyond high school, including school and completion date.

Please state any physical limitations, injuries or other problems that might limit or affect your full participation in learning, teaching or performing exercises during the workshops and apprenticeship. (This will NOT preclude you from entering or completing the program, it merely helps us help you more completely.)

I certify that the information provided in this application is accurate to the best of my knowledge. I agree to follow the Pilates Method Alliance Code of Ethics in all activities of, or related to Harmony Pilates Studio's Pilates Teacher Training Program. I understand that providing false or misleading information and/or failure to abide by the PMA Code of Ethics may be grounds for dismissal from the program.

(Print name)

(Signature)

(Date)

The first weekend's tuition must accompany your application. VISA, Master Card, check or cash are all accepted forms of payment.

Harmony Pilates Studio
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