

STOTT PILATES COURSE APPLICATION

PILATES STUDIO OF CENTRAL OHIO
6585 Dublin Center Drive
Dublin, Ohio 43017
614-336-9502 Fax # 614-799-0759
www.pilatesstudioofcentralohio.com

CONTACT INFORMATION

Name _____

Address _____

City _____ State _____ Zip Code _____

E-mail Address _____

Home Phone Number _____ Cell _____ Fax _____

COURSE REGISTRATION

Applications must be accompanied by 2 letters of reference and a deposit of \$500.00 toward the course fee. Space is limited and application will be processed on a first-come-first-served basis. **Space will only be reserved upon the receipt of all application material and deposit**

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 2 weeks before course start date. **Deposits and course fees are non-refundable. Deposits are non-transferable.** Please contact the studio in regards to the cancellation policy.

INTENSIVE PROGRAM

___ IMP MAT-Plus - 40 hours

___ AMP Advanced Matwork Repertoire - 6 hours

___ IR Reformer - 50 hours

___ AR Advanced Reformer Repertoire - 18 hours

___ ICCB Cadillac, Chair and Barrels - 50 hours

___ ACCB Advanced CC&B Repertoire - 12 hours

___ ISP Injuries & Special Populations - 24 hours

START DATE(S) REQUESTED see attached fee and course schedule

PAYMENT METHOD

___ Deposit Only ___ Full Payment ___ MasterCard ___ Visa ___ Check

_____ Exp _____ Name on card _____

Signature _____

REFERENCES

This application must be accompanied by two letters of reference. Letters should reflect course prerequisites, your teaching abilities and character.

RELEVANT EDUCATION

Please list related degrees, diplomas, post secondary or certificate courses and workshops _____

Describe anatomy education (musculoskeletal/biomechanics) _____ --- College/university course ----- Workshop/other
(include number of hours, when/where you studied) _____

list related certification (eg. ACE, AFAA etc. Please Specify) _____

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, STOTT PILATES or other) _____ none ___ 1-10 hours ___ 10-30 hours ___ 30+ hours

PERSONAL INFORMATION

Have you had any injuries, conditions (including current/recent pregnancy) or postural issues that may affect your performance during the course?
(Medical clearance may be required) _____

How did you find about the PILATES Studio of Central Ohio?

Why are you interested in becoming a STOTT PILATES Certified Instructor?

How do you plan to use your certification (how will you be applying your knowledge)?

Are you using this course to fulfill continuing education credits?

Yes _____ No _____

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