



One Marginal Way- 2nd Floor
Portland, ME 04101
(207) 871-PURE | fax: (207) 871-7811
www.PureMovementPortland.com
info@PureMovementPortland.com

Pilates Academy International Certification Application

Name: _____ Date: _____

Address: _____ Home Phone: _____

_____ Cell Phone: _____

City/Zip: _____ Email: _____

REGISTRATION

Space is reserved ONLY upon receipt of application, and a **non-refundable** deposit. Space is limited and applications will be processed on a first-come, first-served basis. Note: Deposit is returned if applicant is not accepted into the course.

Please indicate preferred course(s) below, and fill in start date of desired course(s).

- | | |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <input type="checkbox"/> Anatomy, Biomechanics
and Posture Review Start Date: _____ | <input type="checkbox"/> Mat Progressions/Challenge
Start Date: _____ |
| <input type="checkbox"/> All Populations Mat
Start Date: _____ | <input type="checkbox"/> Reformer Progressions/Challenge
Start Date: _____ |
| <input type="checkbox"/> All Populations Reformer
Start Date: _____ | |

Please list below any additional courses you would like to sign up for:

Payment Method:

Deposit Only: \$200 **OR** Payment in Full (Please circle one)

AMEX Discover Master Card Visa Check Enclosed
(Please circle method of payment)

Card # _____ Exp _____

CANCELLATION POLICY

Course fees are due in full 10 days before the start of the course. Please note that once payment and confirmation of the course have been made, there are no refunds.

RELEVANT EDUCATION

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

Outline education in anatomy (courses/workshops taken):

List related certification (example: ACE, AFAA...ect. Please specify):

RELEVANT EXPERIENCE

Outline your teaching experience in the body movement, dance and/or fitness field:

Outline your experience with Pilates:

PERSONAL INFORMATION

Do you have any injuries, conditions or postural issues, including current or recent pregnancy that may affect your performance during the course?

How did you hear about Pure Movement Portland or Pilates Academy International?

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

Please return application, and non-refundable deposit to:
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