

REGISTRATION FORM 2013-2014



FULL NAME: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

PHONE: (Day) _____ (Eve) _____

eMAIL: _____ Birth Date: _____

Emergency Contact Information:

Name: _____ Phone: _____

Address: _____

City: _____ St: _____ Zip: _____

1. List Pilates history, experience, styles practiced and previous training and/or teaching experience:
(use the back of this form if necessary)

2. Indicate your experience with: (B =Beginning, I = Intermediate, A =Advanced):

Mat ___ Reformer ___ Cadillac ___ Chair ___ Barrels ___ Aqualates ___

3. Please list degrees, licensing certifications, dates:

4. Any injuries or illnesses:

5. Goals upon completion of coursework:

6. How did you hear about PATTI certification?

Course Payment & Cancellation Policy

1. An initial payment equal to 50% of the total course fee, in addition 100% of the non-refundable manuals & materials fee will be debited from your credit card to reserve your space in the course.
2. Cancellations with more than 30 days notice are refunded in full, minus a \$225 processing fee.
3. No refunds are available for cancellation with 30 days notice or less. However, tuition may be credited towards another course within 12 months.
4. Registration with less than 30 days before start date of the first course requires a non-refundable payment of 50%. In the event of cancellation, the 30-day policy applies.
5. Tuition balance is due on or before the first day of class unless a payment plan has been arranged.

Payment Plan Option (with prior approval)

1. 5% will be added to the total cost of courses, manuals, & materials.
2. 50% of the total is due upon registration.
3. The remaining tuition balance will be broken into 12 monthly payments.
4. Payments will be automatically debited from your credit card on the 15th of every month.
5. Payments begin one month following the course start date.
6. The monthly payment amount is calculated based on the courses purchased.
7. If the payment date falls on a weekend or holiday, debits will be processed the following business day.

These arrangements assist us in completing the financial part of the course so we may get on with teaching. The course offers a limited number spaces for participation so please reserve early. The training is produced by Pilates Associates of Central New York, LLC. Additional information, directions to the certification center and a list of items to bring will be supplied to registrants.

Print Name: _____ Phone Number: _____

Visa Mastercard Discover

50% Deposit per space. Please charge my card for \$ _____

_____ Expiration Date _____ CCV# _____
Card No.

I understand a deposit, less a \$250 processing fee, is only refundable with 4 weeks advance notice.

Cardholder Signature

FAX or Mail Entire application to:

Pilates Associates of Central NY, LLC
1201 N. Tioga St
Ithaca, NY 14850

phone (607) 330-0957
fax (607) 330-1763

e-mail: info@pilatesassociates.com

