

Certification Application | Contact Information



Last Name		First Name	
Company Name (if applicable)			
Street		Apt. #	
City	State	ZIP Code	
Daytime Phone		Evening Phone	
Fax Number		E-mail Address	

If you need more space for your answers, please feel free to submit additional pages with your registration.

COURSE REGISTRATION

Applications must be accompanied by 2 letters of reference and \$200.00 deposit (non-refundable). Space is limited and applications will be processed on a first-come first-serve basis. **Space will ONLY be reserved upon the receipt of all application materials and deposit.**

FULL TRAINING PROGRAM

Courses include: IMP, IR, ICCB, AM, AR, ACCB, ISP = 200 hrs

Please check

- Paid in Full - Option I
 Payment Plan - Option II

INTENSIVE PROGRAM (please check)

- IMP - Mat-Plus: 40 hrs
 AMP - Advanced Mat Repertoire: 6 hrs
 IR - Reformer: 50 hours
 AR - Adv. Reformer Repertoire: 18 hrs
 ICCB - Cadillac, Chair and Barrels: 50 hrs
 ACCB - Advanced CC & B Repertoire: 12 hrs
 ISP - Injuries & Special Populations: 24 hours

START DATES(S) REQUESTED please refer to the schedule on the education page on johngareypilates.com or contact the studio: 562.253-3468

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

Outline education in anatomy (courses/workshops taken)

List related certification (eg. ACE AFFA etc. please specify)

RELEVANT EXPERIENCE Outline your teaching experience

Describe your experience in the body movement, dance and/or fitness fields

Outline your experience with the works of Joseph Pilates

PERSONAL INFORMATION

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

How did you hear about STOTT PILATES™ and John Garey Pilates?

Why are you interested in becoming a 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

Do you require assistance locating accommodation?

- yes no

CANCELLATION POLICY Course fees are due in full 21 days prior to the course start date. There is a \$200 non transferable, non refundable deposit/administrative fee that is due to secure a spot in the course. No refunds or transfers allowed after 7 days prior to course start date. You will receive the full amount of what you paid for the course(s) less each \$200 deposit if refund request is made before the 7 day limit. Refunds are issued within 30 days of request. Course materials and exam fees are not included with the course fees. Students will not be admitted into class if payment has not been received.

X (Please initial. By initialing here you agree to the above stated Cancellation Policy.)

QUESTIONS Call us at: 562.253-3468

Method of Payment Deposit only Full payment Check enclosed Master Card Visa Amex Money Order

Credit Card Number

Expiration Date (month/year)

Name on Card

Signature

Fax to us: 562.724.7002

Or mail to | John Garey Pilates, 6539 E. PCH,
Unit H-3, Long Beach CA 90803-5907