

# REGISTRATION FORM 2009-2010



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?

\_\_\_\_\_  
\_\_\_\_\_



## 2009-2010 Pilates Comprehensive Course Selection & Order Form

Pilates Certification Prep Courses	Qty.	Total
<input type="checkbox"/> <b>Comprehensive Pilates Certification</b> Start Date _____	_____ x \$5599 = _____	(Reg \$7000)
<input type="checkbox"/> ABP – Anatomy Biomechanics, & Posture Start Date _____	_____ x \$ 299 = _____	
<input type="checkbox"/> MAT - Mat (All Levels) Start Date _____	_____ x \$ 999 = _____	
<input type="checkbox"/> REF - Reformer (All Levels) Start Date _____	_____ x \$1699 = _____	
<input type="checkbox"/> CAD - Cadillac (All Levels) Start Date _____	_____ x \$ 959 = _____	
<input type="checkbox"/> CHR - Wunda Chair (All Levels) Start Date _____	_____ x \$ 729 = _____	
<input type="checkbox"/> BAR - Barrels (All Levels) Start Date _____	_____ x \$ 539 = _____	
<input type="checkbox"/> SPC - Special Populations & Contraindications Start Date _____	_____ x \$ 599 = _____	
<input type="checkbox"/> Pre-training Start Date _____	_____ x \$ 650 = _____	
<b>Training Total</b>		<b>1a.</b> _____

### Instructor Manuals & Guides

<input type="checkbox"/> Fundamental Skills Guide	_____ x \$ 49 = _____
<input type="checkbox"/> Pilates Mat Repertoire	_____ x \$ 59 = _____
<input type="checkbox"/> Pilates Reformer Repertoire	_____ x \$ 69 = _____
<input type="checkbox"/> Pilates Chair Repertoire	_____ x \$ 59 = _____
<input type="checkbox"/> Pilates Barrels Repertoire	_____ x \$ 49 = _____
<input type="checkbox"/> Pilates Cadillac Repertoire	_____ x \$ 59 = _____
<input type="checkbox"/> All Pilates Manuals	_____ x \$ 310 = _____ (Reg \$344)
<input type="checkbox"/> Comprehensive Registrants Only - All Pilates Manuals	_____ x \$ 0 = <u>\$0</u>
Replacement Guides (Add \$10ea./guide)	_____ x \$ 10 = _____
Sales Tax (NY Residents Add 8%)	_____ x .08 = _____
<b>Manuals/Guides Total</b>	<b>2a.</b> _____

**TOTALS 1a + 2a** \_\_\_\_\_

**Grand Total**    \$ \_\_\_\_\_

Participation in ALL classroom instruction is required. Any missed hours of instruction may be made up, for an additional fee, at a ratio of 1hour of private instruction for each two hours of missed classroom participation. Prior instructor consent is required.

## 2009-2010 Pilates *Bridge* Course Selection & Order Form

Certification Bridge Prep Courses	Qty.	Total
<input type="checkbox"/> <b>Comprehensive Bridge</b> Start Date _____	_____ x \$4349 =	_____
<input type="checkbox"/> ABP – Anatomy Biomechanics, & Posture Start Date _____	_____ x \$ 299 =	_____
<input type="checkbox"/> MAT - Mat Bridge Start Date _____	_____ x \$ 720 =	_____
<input type="checkbox"/> REF - Reformer Bridge Start Date _____	_____ x \$1200 =	_____
<input type="checkbox"/> CAD - Cadillac Bridge Start Date _____	_____ x \$ 690 =	_____
<input type="checkbox"/> CHR - Wunda Chair Bridge Start Date _____	_____ x \$ 480 =	_____
<input type="checkbox"/> BAR - Barrels Bridge Start Date _____	_____ x \$ 360 =	_____
<input type="checkbox"/> SPC - Special Populations & Contraindications Start Date _____	_____ x \$ 599 =	_____
<b>Training Total</b>		<b>1b.</b> _____

### INSTRUCTOR MANUALS & GUIDES

<input type="checkbox"/> Fundamental Skills Guide	_____ x \$ 49 =	_____
<input type="checkbox"/> Pilates Mat Repertoire	_____ x \$ 59 =	_____
<input type="checkbox"/> Pilates Reformer Repertoire	_____ x \$ 69 =	_____
<input type="checkbox"/> Pilates Chair Repertoire	_____ x \$ 59 =	_____
<input type="checkbox"/> Pilates Barrels Repertoire	_____ x \$ 49 =	_____
<input type="checkbox"/> Pilates Cadillac Repertoire	_____ x \$ 59 =	_____
<input type="checkbox"/> All Pilates Manuals	_____ x \$ 310 =	_____ (Reg \$344)
<input type="checkbox"/> Comprehensive Registrants Only - All Pilates Manuals	_____ x \$ 0 =	\$0
<b>Replacement Guides</b> (Add \$10ea./guide)		_____ x \$ 10 = _____
<b>Sales Tax</b> (NY Residents Add 8%)		_____ x .08 = _____
<b>Manuals/Guides Total</b>		<b>2b.</b> _____

**TOTALS 1b + 2b** \_\_\_\_\_

**Grand Total** \$ \_\_\_\_\_

Participation in ALL classroom instruction is required. Any missed hours of instruction may be made up, for an additional fee, at a ratio of 1hour of private instruction for each two hours of missed classroom participation. Prior instructor consent is required.

## 2009-2010 AQUALATES & Workshop Course Selection & Order Form

### Workshops

<input type="checkbox"/> Anatomy, Biomechanics, & Posture <b>REVIEW</b>	Start Date _____	_____ x \$ 299 = _____
<input type="checkbox"/> Tailor Made	Start Date _____	_____ x \$ 185 = _____
<input type="checkbox"/> My-O-Fascial Release	Start Date _____	_____ x \$ 169 = _____
<input type="checkbox"/> Pilates Cueing for Success	Start Date _____	_____ x \$ 125 = _____
<input type="checkbox"/> AQUALATES® Certification - Level I	Start Date _____	_____ x \$ 299 = _____
<b>Workshops Total</b>		<b>1c.</b> _____

### Instructor Manuals & Guides

<input type="checkbox"/> Fundamental Skills Guide		_____ x \$ 49 = _____
<input type="checkbox"/> Pilates Mat Repertoire		_____ x \$ 59 = _____
<input type="checkbox"/> Pilates Reformer Repertoire		_____ x \$ 69 = _____
<input type="checkbox"/> Pilates Chair Repertoire		_____ x \$ 59 = _____
<input type="checkbox"/> Pilates Barrels Repertoire		_____ x \$ 49 = _____
<input type="checkbox"/> Pilates Cadillac Repertoire		_____ x \$ 59 = _____
<input type="checkbox"/> All Pilates Manuals		_____ x \$ 310 = _____ (Reg \$344)
<input type="checkbox"/> Comprehensive Registrants Only - All Pilates Manuals		_____ x \$ 0 = <u>\$0</u>
	Replacement Guides (Add \$10ea./guide)	_____ x \$ 10 = _____
	Sales Tax (NY Residents Add 8%)	_____ x .08 = _____
<b>Manuals/Guides Total</b>		<b>2c.</b> _____

**TOTALS 1c + 2c** \_\_\_\_\_

**Grand Total** \$ \_\_\_\_\_

## 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 15<sup>th</sup> 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  
310 Taughannock Blvd, Suite 2B  
Ithaca, NY 14850

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

e-mail: [info@pilatesassociates.com](mailto:info@pilatesassociates.com)

