

Hold Request Form

Please complete all appropriate fields below. Shaded fields are required.

Name of Home or Host Advisor:	<input type="text"/>
First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Street Address:	<input type="text"/>
City, State/Province:	<input type="text"/>
ZIP/Postal Code,	<input type="text"/>
Country:	<input type="text"/>
Phone:	<input type="text"/>
Email:	<input type="text"/>
Effective Dates:	Start Date <input type="text" value="Select Date"/>
	to End Date <input type="text" value="Select Date"/>

I understand that my hold may last one year (12 months) and that all my trainee benefits cease during this time. My internship hours are updated on my google document online.

I acknowledge that I am current with all Teacher Training Program payments and have a zero or positive balance for studio lessons. Based on the length of time "on hold", I may be required to purchase and perform a Re-Entrance Evaluation (\$80.00 USD).

Once the "on hold" period is completed, I am aware that I will resume the program where I left off. Additionally, I understand that if the cost of any part of the Teacher Training Program or The Pilates Center studio fees should change during my hold I will be required to pay the current pricing.

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Signature Certificate

Document name: Hold Request Form

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WP*signature*
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Audit

Hold Request Form Uploaded by Rachel Taylor Segel -
forms@thepilatescenter.com IP 50.194.156.193,
50.194.156.193



This audit trail report provides a detailed record of the online activity and events recorded for this contract.

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