

Extension Form

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

Name of Home or Host	<input type="text"/>
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"/>

Extensions have a \$175 USD fee. Please contact Pace (pace@thepilatescenter.com) to make payment arrangements.

I hereby acknowledge and agree that I am extending my Teacher Training Program for one month. I have paid all monies currently due to The Pilates Center, and will keep my accounts current during my extension. I understand that if my program expires I must purchase an extension or I will automatically be withdrawn.

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 extension I will be required to pay the current pricing.

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X _____



Signature Certificate

Document name: Extension Form

🔒 Unique Document ID: A93751E6A4FE4F5BE4B0CF7152E31EE38586F582

LEGALLY SIGNED USING
WP*signature*
Build. Track. Sign Contracts.

Timestamp

2017-02-07 14:46:41 MDT

Audit

Extension 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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