

# Teacher Training Application



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

First name:	<input type="text"/>
Last name:	<input type="text"/>
Birth date:	<input type="text"/>
Street address:	<input type="text"/>
City, State/Province:	<input type="text"/>
ZIP/Postal code,	<input type="text"/>
Country:	<input type="text"/>
Home phone:	<input type="text"/>
Cell phone:	<input type="text"/>
Email:	<input type="text"/>

Program applying for:

Advanced 12 month  Advanced 18 month  Intermediate  Intermediate Plus  Bridge

Referred by:

Studio	<input type="text"/>
Teacher	<input type="text"/>

Describe your Pilates experience:

How did you hear about the Teacher Training Program?

Prior Pilates Experience:

Instructor's name:	<input type="text"/>
Studio name:	<input type="text"/>
Studio phone:	<input type="text"/>
Length of time at this studio:	<input type="text"/>

How many times in the past six months have you worked out?

What are the main concepts emphasized in your sessions?

Which apparatus do you have experience with?

- Reformer
- Mat
- Cadillac
- Pole
- Chair
- Barrels



Describe your movement/athletic history:

Describe your health history:

Why do you want to become a Pilates instructor?



**The Pilates Center is required by the Colorado Division of Private Occupational Schools to ask the following.**

Student demographics:

Race/Ethnicity

- American Indian or Alaska Native
- Black or African American
- White
- Native Hawaiian or Other Pacific Islander
- Asian
- Two or more races
- Hispanic or Latino
- Other/Unknown

Gender

- Female
- Male
- Other/Unknown

Questions? Call Kelli at 303-494-3400 or email her at [Kelli@thepilatescenter.com](mailto:Kelli@thepilatescenter.com). Submit your application with a \$105 USD non-refundable fee to The Pilates Center, attn: Kelli Burkhalter Hutchins, 3127 28th Street, Boulder, Colorado 80301.

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# Signature Certificate

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