

STOTT PILATES COURSE REGISTRATION FORM

CONTACT INFORMATION

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|----------------|--------------|-------------|------------------------------|--|
| Last Name | | First Name | Company Name (if applicable) | |
| Address | | | | |
| City | | Postal Code | Country | |
| Phone (mobile) | Phone (home) | Fax | Email address | |

COURSE REGISTRATION

Application must be accompanied by a letter of reference/recommendation and deposit of 40% of course fee (non-refundable). Space is limited and application will be processed on a first-come first-serve basis. **Space will ONLY be reserved upon receipt of application form and deposit.** Course fees are subject to change without notice and do not include required course materials costs or applicable taxes.

INTENSIVE COURSES (Please tick courses of your choice):

- IMP – Mat Plus – 40 hours**
- Group SPX Mat – 40 hours**
- AMP – Advanced Mat Plus Repertoire – 6 hours
- IR – Reformer – 50 hours**
- AR – Advanced Reformer Repertoire – 18 hours
- ICCB – Cadillac, Chair & Barrel – 50 hours
- ACCB – Advanced CCB Repertoire – 12 hours
- ISP – Injuries & Special Populations – 24 hours
- Anatomy Review Workshop

COURSE FEES, DEPOSITS, MATERIALS COSTS & EXAM FEES

Please refer to the STOTT PILATES course fee schedule.

PAYMENT METHOD (Please tick method of your choice):

- Cheque (payable to Pilates Training Center Pte Ltd)
- Wire transfer for overseas participants (Please contact Options Studio for bank details)
- Cash or Visa/MasterCard (Please visit Options Studio in person to make payment)
Please note there will be 2% surcharge applied for Visa/MasterCard payment

RELEVANT EDUCATION

Please list relevant 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 (subject & years taught)

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

Outline your Pilates experience

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 Options Studio LLP, Singapore?

Why are you interested in becoming a certified instructor?

How do you plan to use your certification (how will you be applying your knowledge)?

Name: _____

Signature: _____

Date: _____

Mail to or bring in:

OptionsStudio
#06-15 Singapore Shipping Centre
190 Clemenceau Avenue
Singapore 239924