## Freedom Road Pilates

132 Larchmont Ave Larchmont, NY 10538 914-833-1300 Freedomroad8@aol.com

## Pilates Academy International Certification Application

Name:	Date:
Address:	Day Phone:
	Evening Phone:
City/Zip:	Email:
	pplications will be processed on a first-come, ed if applicant is not accepted into course, or if
Please indicate preferred course(s) below, a	and fill in start date of desired course(s).
) Anatomy, Biomechanics and Posture Review Start Date: May 5 <sup>th</sup> 2012	( ) All Populations Mat Start Date: May11th 2012
) All Populations Reformer Start date	( ) All Populations Cadillac Start Date:
Payment Method Cost of Course: ABP \$360.00 APM \$1150.00 Manual \$42.00 Deposit Only \$200 OR Payment In Full (Ple	ase circle one method of payment)
Master Card Visa Check Enclosed (pa	ayable to Freedom Road Pilates) exp v-code
Cancellation Policy Course fees are due in full 10 days before the	e start of the course. Please note that once

payment and confirmation of the course have been made.

Space is limited to 8 students and class is subject to cancellation with refund with limited enrollment

RELEVANT EDUCATION
Please list related degrees, diplomas, post secondary or certificate courses, and workshops
Outline education in anatomy (courses/workshops taken)
List related certification eg. ACE AFAA etc. (please specify)
Outline your experience with Pilates
PERSONAL INFORMATION
Do you have any injuries, conditions or postural issues, including current or recent pregnancy, that may affect your performance during the course?
How did you hear about Pilates Academy International?
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How do you plan to use your certification (how will you be applying your knowledge)?
Please return application, 2 letters of recommendation and non-refundable deposit to:

Freedom Road Pilates, 132 Larchmont Avenue, Larchmont, NY 10538