

INSTRUCTOR / TRAINER APPLICATION

Name			Date				
Zip	Phone		Email				
Work Experience: Please detail your trainings, certifications, & work experience.							
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Pilates repertoire experi	ence:	
Mat	Reformer	Tower
Chair	Barrels	Caddy
What is your favorite gr	oup workout to teach?	
What kind of clients do	you like to work with?	
Are you interested in do	oing private sessions as wel	ll as group classes?
Yes	No	Maybe
What else would you lik	e to us to know about you	ı?

Thank you for your time! Please email this to info@pilates1901.com