



Soul Pilates University Registration Form

For early registration please sign & submit to the studio before March 25th 2016. If past the deadline, please bring your registration form and fee on April 9th 2016. Thank-you!

Personal Information

First Name: _____

Last Name: _____

Home Phone: _____

Mobile Phone: _____

Address: _____

City: _____

State: _____

Postal Code: _____

Gender: Male Female (Circle One)

Birthdate: _____

Emergency Contact Information

Name: _____

Relationship: _____

Phone: _____

Email: _____

(HIIT) Hot Pilates Instructor Certification Program

April 9, 2016 (12:00pm-6:00pm) Day 1 (6hrs)

April 10, 2016 (9:00am-5:00pm) Day 2 (8hrs)

April 16, 2016 (12:00pm-6:00pm) Day 3 (6hrs)

April 17, 2016 (9:00am-5:00pm) Day 4 (8hrs)

Program Fee: \$1,000.00

Program Fee (Before March, 25th, 2015): \$900.00

I, _____ agree to pay the Program Fee of \$ _____

Check# _____ CC# _____ debit or cc (circle one)

Cash: yes or no (circle one) _____ (\$\$\$ amount)

Split Payments: _____ (Details Here)

Print Name: _____

Signature: _____

Date: _____