

Application Mat Certification

Last Name

Middle Name

First Name

Address

City / US State OR Canadian Province / Zip

Country

Home Phone

Cell Phone

Fax

E-mail

Please select the Mat Certification location to which you are applying:

Note: The application deadline is 90 days prior to the start date of the program to which you are applying.

Start Date (Month/Year)

Tempe, Arizona _____

St. Louis, Missouri _____

Saskatoon, Canada _____

For a complete listing of Mat Certification workshops and dates, please go to the workshop schedule at pilatescoreintegration.com or call Virginia Nicholas at 480-731-3101.

Educational Experience:

High School: _____

City / State: _____

Years Attended: _____

Year Graduated: _____

Undergraduate School: _____

City / State: _____

Years Attended: _____

Year Graduated: _____

Degree: _____

Graduate School: _____

City / State: _____

Years Attended: _____

Year Graduated: _____

Degree: _____

Please attach additional page(s) as needed:

- Please describe your study of anatomy and physiology, if applicable.
- Please list all other certification and degrees.
- Briefly outline your Pilates Method / work experience, including length of study in this field.
- Please note your primary teacher and place of study.
- Please let us know why you would like to attend this program and how you found out about it.

Required for Application Submittance:

- Please include one letter of recommendation from your primary Pilates teacher.
- Please include a \$50 application processing fee made out to Moving Breath Pilates
- Please include a resume that has the following: education, degrees, certifications, Pilates study and work experience (including teachers and location(s) of study)

I verify that all application information submitted within this document is true and correct.

Signature of applicant

Date

Method of Payment:

- Check payable to Moving Breath Pilates Studio
- MasterCard Visa

Card No. _____

Card Verification Code _____ Exp. Date _____

Signature _____

Please submit your complete application along with letter of recommendation and the application fee to:

Moving Breath Studio
1801 S. Jen Tilly Lane, Ste. C-20
Tempe, AZ 85281

OFFICE USE ONLY

[Applicant's Name] has been formally accepted to the program.

Program Director

Date

Comprehensive Program

Please Print

Last Name

Middle Name

First Name

Address

City / US State OR Canadian Province / Zip

Country

Home Phone

Cell Phone

Fax

E-mail

Workshop Attendance:

Location	Date of Workshops
_____	_____
_____	_____
_____	_____
Level III Tempe, AZ Only	_____
Level IV Tempe, AZ Only	_____

Please select the Teacher Training Apprenticeship location to which you are applying:

Note: The application deadline is 90 days prior to the start date of the program to which you are applying.

- Start Date (Month/Year)
- Tempe, Arizona _____
 - St. Louis, Missouri _____
 - Saskatoon, Canada _____

For a complete listing of Comprehensive Program workshops and dates, please go to the workshop schedule at pilatescoreintegration.com or call Virginia Nicholas at 480-731-3101.

Comprehensive Program

Educational Experience:

High School: _____
City / State: _____
Years Attended: _____
Year Graduated: _____

Undergraduate School: _____
City / State: _____
Years Attended: _____
Year Graduated: _____
Degree: _____

Graduate School: _____
City / State: _____
Years Attended: _____
Year Graduated: _____
Degree: _____

Please attach additional page(s) as needed:

- Please describe your study of anatomy and physiology, if applicable.
- Please list all other certification and degrees.
- Briefly outline your Pilates Method / work experience, including length of study in this field.
- Please note your primary teacher and place of study.
- Please let us know why you would like to attend this program and how you found out about it.

Required for Application:

- Please include one letter of recommendation from your primary Pilates teacher.
- Please include a \$100 application processing fee made out to Moving Breath Pilates
- Please include a resume that has the following: education, degrees, certifications, Pilates study and work experience (including teachers and location(s) of study)

I verify that all application information submitted within this document is true and correct.

Signature of applicant

Date

Method of Payment:

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