



Pilates Mat Certification Course

Presented by Teri Lee Steele

REGISTRATION FORM

Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone _____ E-mail (all caps) _____

Please explain the type of Pilates you have been studying or are certified in, and the number of years you have been studying or have been certified in Pilates.

What has your Pilates experience been as a student? _____

What are your expectations for this course? _____

Please Attach Your Payment to this Form