

# STOTT PILATES\*

## Certification Application



**Bodycenter Studios**  
Holistic Pilates

Send application to:  
Bodycenter Studios  
4250 8th Ave. NW, Suite 100  
Seattle, WA 98107  
[www.bodycenterstudios.com](http://www.bodycenterstudios.com)  
206.633.4800

\*STOTT PILATES is a registered trademark of  
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Last Name First Name

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Company Name (if applicable) Birthdate

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Street Apt. #

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City State Zip

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Email address Phone #

**COURSE REGISTRATION** Application must be accompanied by 2 letters of reference and a \$200 deposit (non-refundable). Space is limited and applications will be processed on a first-come first-serve basis. Space will ONLY be reserved upon the receipt of all application materials and deposit.

**INTENSIVE PROGRAM** (please check)

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| <input type="checkbox"/> IMP - Mat-Plus [40 hours]                    | <input type="checkbox"/> ICCB- Cadillac, Chair, and Barrels [50 hours]     |
| <input type="checkbox"/> AMP - Advanced Mat Repertoire [6 hours]      | <input type="checkbox"/> ACCB - Advanced CBB Repertoire [12 hours]         |
| <input type="checkbox"/> IR - Reformer [50 hours]                     | <input type="checkbox"/> ISP - Injuries and Special Populations [24 hours] |
| <input type="checkbox"/> AR - Advanced Reformer Repertoire [18 hours] |  |

**START DATE(S) REQUESTED** please refer to the schedule on the Instructor Training page at [www.bodycenterstudios.com](http://www.bodycenterstudios.com) or contact the studio at (206) 633-4800 ext. 2. If you feel you need more space for your answers, please feel free to submit additional pages with your registration.

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**RELEVANT EDUCATION** Please list related degrees, diplomas, post-secondary or certificate courses and workshops

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Outline education in anatomy (courses and workshops taken)

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List related certifications (ACE, AFFA, ACSM, etc.)

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**RELEVANT EXPERIENCE** Outline your teaching experience

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Describe your experience in the body movement, dance and/or fitness fields

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Outline your experience with the works of Joseph Pilates

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**PERSONAL INFORMATION** Do you have any injuries, conditions (including current or recent pregnancy) or postural issues that may affect your performance during the course?

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How did you hear about STOTT PILATES\* at Bodycenter Studios?

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Why are you interested in becoming a certified instructor?

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How do you plan to use your certification (how will you be applying your knowledge)?

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Are you using this course to fulfill continuing education credits?  Yes  No

Do you require assistance locating accommodations in Seattle?  Yes  No

**CANCELLATION POLICY** Course fees are due 14 days prior to course start date. Course materials and exams are not included in course fees. Students will not be admitted into class if payment has not been received. X \_\_\_\_\_ Initials

**METHOD OF PAYMENT**

- Check  Master Card  Visa  Money Order  
 Deposit Only  Full Payment

**Credit Card Number** \_\_\_\_\_

**Expiration Date** \_\_\_\_\_

**Signature** \_\_\_\_\_