

Certification Application

mail your application to EQUILIBRIUM MIND-BODY FITNESS 6405 Telegraph, Building G, Bloomfield Medical Village, Bloomfield Hills, Michigan 48301 or email training@equilibriumstudio.com

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CONTAC	INFORMATION		
nam	e .		company name (if applicable): .
address	s:		
city	<i>n</i> :		state: .
country	<i>y</i> :		zip:
emai	l:		
phone (day)):		phone (evening):
COLIDGE	REGISTRATION		
space will a \$300US d applications	ONLY be reserved upon the receipt of your leposit for Intensive Courses, and \$600.00 for C s will be processed on a first-come first-serve band a photo. Letters and photo must be received	MR (no isis. You	ation and deposit. Applications must be accompanied by n -refundable/non-transferable). Space is limited and u have an additional 30 days to submit your two letters of first day of class. Place X in front of courses being applied for.
. IMP I	ntensive Mat-Plus <i>– 40hrs</i>		ICAD Intensive Cadillac - 25hrs
. IR Int	ensive Reformer – 50hrs		ICHR Intensive Stability Chair – 15hrs
. ІССВ	Intensive Cadillac, Chair & Barrels – 50hrs		IBRL Intensive Barrels – 10hrs
ADVANCED	PROGRAM		
. AMP	Advanced Matwork – 6hrs		ACAD Advanced Cadillac -6hrs
. AR Ad	vanced Reformer – 18hrs		ACHR Advanced Stability Chair - 3hrs
. АССВ	Advanced Cadillac, Chair & Barrels - 12hrs		ABRL Advanced Barrels – 3hrs
. AMP,	AR, ACCB Full Advanced Repertoire – 36hrs	•	ISP Injuries & Special Populations – 24hrs
COMPREHE	NSIVE PROGRAM		
•	Comprehensive Mat & Reformer, Level 1 rs +130studio +60hrs apprenticeship		CCCB Comprehensive Cadillac, Chair & Barrels, Level 1 – 50hrs +40hrs apprenticeship
	COMPREHENSIVE, Levels 1&2 CCCB, ISP, AMP, AR, ACCB] 10-12 month program	n + 100h	rs apprenticeship
START DA	ATE(S) AND COURSE LOCATION REQUEST	TED	
	EDUCATION related degrees, diplomas, post secondary or cer	tificate	courses and workshops
outline edu	cation in anatomy (courses/workshops taken)		
	· · ·		
list related	certification (eg. ACE, AFAA etc. please specify)		

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	RELEVANT EXPERIENCE
	outline your teaching experience"
	describe your experience in dance, fitness or other body work:
	outline your experience with the works of Joseph Pilates: .
	PERSONAL INFORMATION
	do you have any injuries, conditions (including current or recent pregnancy) or postural issues that may affect your performance during the course?
	how did you hear about STOTT PILATES EDUCATION?
	how did you hear about Equilibrium Studio?
	how do you plan to use your certification (how will you be applying your knowledge)?
	are you using this course to fulfill continuing education credits? . yes . No
AYMENT depo	METHOD osit only full payment . Master Card . VISA . AMEX . check . money order
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eposits and eceived in full ourse fees are	I course fees are non-refundable and non-transferable. If you are unable to attend a course after payment has been I, you will be permitted to enroll in the NEXT course if there is space, with an additional \$300 deposit. All registration and the due in full two weeks before the first day of class and are non-refundable and non-transferable. If payment is not a space may be offered to someone on our waiting list.
	LLATION Policy https://www.equilibriumstudio.com/policies/ signature below verifies that you have read, understood, and agree to our training fee policy found at our