



CERTIFICATION EDUCATION APPLICATION

E-mail application to: Center Pose, Inc. d/b/a Pilates South Texas, 3000 Wesleyan St., Suite 111, Houston, Texas , 77027
T: 1.888.838.3664, ext. 2 F: 1.858.429.5869 E-mail: info@pilatessouthtexas.com Website: http://www.pilatessouthtexas.com

First Name: _____ Last Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ E-Mail: _____
Referral(s): _____ Pilates South Texas Website _____ Merrithew™ Website _____ or Social Media _____ or Friend | Colleague _____

Physical participation is required. Concerns acquired during education that impede physical participant will not exempt student from completing all required hours.
- List any injuries, conditions or postural concerns that you know may limit your performances during the education (Medical clearance submission with application as required).

STOTT PILATES® Education: INTENSIVE PROGRAMS (Level 1)
Education Date: _____

STOTT PILATES® Education: ADVANCED PROGRAMS (Level 2)
Education Date: _____

Table with 2 columns listing various Pilates courses (IMP, IR, ICCB, ICAD, ICHR, IBRL, AM, AR, ACCB, ACAD, ACHR, ABRL, ISP) with their respective fees and prerequisites.

EXAM PREPARATION RESOURCES Available Through Pilates South Texas Fee: Based on Service

Guided Private or Group Study to elevate confidence in instructing and training (virtual or in-studio - weekly or bi-monthly)
Practice Written Exam (virtual or in-studio - 2 hours)
Practice Practical Exam (virtual or in-studio - 1 1/2 to 2 1/2 hours)

STOTT PILATES® CERTIFICATION EXAM: Achieve internationally recognized STOTT PILATES® Certification
Propose Practical Exam Date: _____ Propose Written Exam Date: _____ Fee: Based on Exam

Select Exam Repertoire: _____ Mat _____ Reformer _____ Mat & Reformer _____ Mat, Reformer, Cadillac, Chair & Barrels
Select Level of Exam: _____ Level 1 _____ Level 2 _____ Level 1 & 2

SUPPLEMENTARY INFORMATION

Statement of Intent for Education (I'm submitting as it's my first STOTT PILATES® Education Course)
Letter(s) of Completion for Prerequisite Education (I'm submitting as confirmation of prerequisite STOTT PILATES® Education Course)

I will pick-up course materials before start date I will pay a shipping & handling fee for course materials delivery I will wait to receive course materials on start date

PAYMENT INFORMATION

Amount: _____ Check [payable to Center Pose, Inc.] or _____ Visa _____ MasterCard _____ American Express
Credit Card #: _____ Expire Date: _____ CVC Code: _____
Name on Credit Card: _____ Signature: _____ Date: _____
My signature authorizes Center Pose, Inc., d/b/a Pilates South Texas to charge the above Credit Card for the payment indicated above.
REFUND POLICIES FOR ALL EDUCATION: Refund(s) will be processed in full payment if the registered education is not conducted.