

mail your application to: STOTT PILATES 2200 Yonge Street, suite 1402, Toronto ON, Canada M4S 2C6 or fax: 416-482-2742 attn: STOTT EDUCATION

CONTACT INFORMATION

name		company name (if applicable)	
address			
city	state/province	zip/postal code	country
phone (day)		(evening)	
fax		e-mail address	

COURSE REGISTRATION

Applications must be accompanied by 2 letters of reference and a deposit of 20% of the course fee. Space is limited and applications will be processed on a first-come-first-served basis. **Space will ONLY be reserved upon the receipt of all application materials and deposit.**

Prices are subject to change without notice. Fees for courses and workshops do not include required course materials or applicable taxes. Course fees are due 2 weeks before course start date. **Deposits and course fees are non-refundable. Deposits are non-transferable.** For full details on our registration and cancellation policy, contact us or visit www.stottpilates.com/education/cancelpolicy.html

COMPREHENSIVE PROGRAM

<input type="checkbox"/> CMR Mat & Reformer – 90 hours + 60 hrs apprenticeship	<input type="checkbox"/> CCCB Cadillac, Chair and Barrels – 50 hours + 40 hrs apprenticeship
<input type="checkbox"/> ISP Injuries & Special Populations – 24 hours	<input type="checkbox"/> AMP, AR, ACCB Advanced Repertoire – 36 hours
<input type="checkbox"/> FULL [CMR, CCCB, ISP, AMP, AR, ACCB] – 7 month program + 100 hrs apprenticeship	

INTENSIVE PROGRAM

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

REHABILITATION PROGRAM

<input type="checkbox"/> RMR1 Lumbar & Shoulder Girdle Stabilization on Mat & Reformer – 24 hours	<input type="checkbox"/> RCCB1 Lumbar & Shoulder Stabilization on Cadillac, Chair & Barrels – 24 hours
<input type="checkbox"/> RMR2 Peripheral Joint Rehabilitation on Mat & Reformer – 24 hours	<input type="checkbox"/> RCCB2 Peripheral Joint Rehabilitation on Cadillac, Chair & Barrels – 24 hours

START **DATE(S)** REQUESTED see attached fee and course schedule

PAYMENT METHOD

<input type="checkbox"/> deposit only	<input type="checkbox"/> full payment	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> AMEX	<input type="checkbox"/> cheque	<input type="checkbox"/> money order
# <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		exp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		name on card		

signature

CHARACTER REFERENCES

This application must be accompanied by two letters of references. Letters should reflect course prerequisites, your teaching abilities and character.

RELEVANT EDUCATION

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please list related degrees, diplomas, post secondary or certificate courses and workshops

describe anatomy education (muskuloskeletal / biomechanics)

☐

college / university course

☐

workshop / other

(include number of hours, when/where you studied)

list related certification (eg. ACE, AFAA etc. please specify)

RELEVANT EXPERIENCE

outline your teaching experience (describe subject taught / years teaching)

describe your personal experience in dance, fitness or other body work (how many years / how recently)

outline your pilates experience (describe when & where, STOTT PILATES or other)

☐

none

☐

1-10 hours

☐

10-30 hours

☐

30+ hours

PERSONAL INFORMATION

have you any injuries, conditions (including current / recent pregnancy) or postural issues that may affect your performance during the course?
(medical clearance may be required)

how did you hear about STOTT PILATES / STOTT EDUCATION?

why are you interested in becoming a STOTT PILATES certified instructor?

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