

# PILATES SOUTH TEXAS

## STOTT PILATES® CERTIFICATION TRAINING CENTER

### STOTT PILATES® CERTIFICATION COURSE & WORKSHOP APPLICATION

SUBMIT your application to: Center Pose, Inc. 15721 Bernardo Heights Pkwy, Suite B, PMB # 431 San Diego, CA 92128  
or Toll Free Fax: 877-518-4659 attn: Pilates South Texas

#### CONTACT INFORMATION

First Name:		Last Name:	
Company Name (if applicable):			
Address:			
City:	Prov. / State:	Country:	Postal / Zip Code:
Phone (day):		Phone (Mobile):	
E-mail #1:		E-mail #2:	

#### CERTIFICATION COURSE REGISTRATION

Applications must be accompanied by two letters of reference and a \$200 deposit. 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 \$200 deposit.**

**Prices are subject to change without notice.** Fees for courses and workshops do not include required course materials or applicable taxes. **The \$200 deposit is non-transferable and non-refundable; this deposit secures a place in the Course until the balance of the course payment is received.**

**REFUND/CANCELLATION POLICY FOR LEVEL 1 TRAINING COURSES:**

No refunds or transfers 7 days prior to the Training Course start date. Course refunds will be the full amount paid by client for the course(s) less \$200.

**REFUND/CANCELLATION POLICY FOR LEVEL 2 TRAINING COURSES:**

No refunds or transfers 7 days prior to the Training Course start date. Course refunds will be the full amount paid by client for the course(s) less 20%. For full details on our registration and cancellation policy, please contact us.

Any applicable refunds will be issued within 30 days of the first course start date.

#### INTENSIVE PROGRAM (Level 1 & Level 2)

<p><b>IMP:</b> Intensive Mat-Plus™ - 40 hrs \$1,000 Course, \$170 Materials: <b>Total: \$1,170</b> (Recommended Course Materials: Additional \$180)</p> <p><u>Prerequisites:</u> ▶ Working knowledge of functional anatomy ▶ 30 hours Pilates classes ▶ Three-plus years teaching movement or fitness</p>	<p><b>AM:</b> Advanced Matwork - 6 hrs \$175 Course, \$40 Materials: <b>Total: \$215</b></p> <p><u>Prerequisites:</u> ▶ IMP</p>
<p><b>IR:</b> Intensive Reformer - 50 hrs \$1,500 Course, \$190 Materials: <b>Total: \$1,690</b></p> <p><u>Prerequisites:</u> ▶ Working knowledge of functional anatomy ▶ 30 hours Pilates classes ▶ Three-plus years teaching movement or fitness</p>	<p><b>AR:</b> Advanced Reformer - 18 hrs \$575 Course, \$120 Materials: <b>Total: \$695</b></p> <p><u>Prerequisites:</u> ▶ IR</p>
<p><b>ICAD:</b> Intensive Cadillac - 25 hrs \$900 Course, \$250 Materials: <b>Total: \$1,150</b></p> <p><b>ICHR:</b> Intensive Chair - 15 hrs \$550 Course, \$160 Materials: <b>Total: \$710</b></p> <p><b>IBRL:</b> Intensive Barrels - 10 hrs \$400 Course, \$215 Materials: <b>Total: \$615</b></p> <p><b>ICCB:</b> Intensive Cadillac, Chair and Barrels - 50 hrs \$1,500 Course, \$560 Materials: <b>Total: \$2,060</b></p> <p><u>Prerequisites:</u> ▶ IMP &amp; IR</p>	<p><b>ACAD:</b> Advanced Cadillac - 6 hrs \$175 Course, \$45 Materials: <b>Total: \$220</b></p> <p><b>ACHR:</b> Advanced Chair - 3 hrs \$125 Course, \$45 Materials: <b>Total: \$170</b></p> <p><b>ABRL:</b> Advanced Barrels - 3 hrs \$125 Course, \$0 Materials: <b>Total: \$125</b></p> <p><b>ACCB:</b> Advanced Cadillac, Chair and Barrels - 12 hrs \$375 Course, \$90 Materials: <b>Total: \$465</b></p> <p><u>Prerequisites:</u> ▶ ICCB or ICAD, ICHR, IBRL (for respective advanced module)</p> <p><b>ISP:</b> Injuries &amp; Special Populations - 24 hrs \$1,000 Course, \$300 Materials: <b>Total: \$1,300</b></p> <p><u>Prerequisites:</u> ▶ IMP or IR</p>

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### WORKSHOP REGISTRATION

For workshop applicant, please complete the contact information. Providing additional information is appreciated for marketing tools.

Applications must be accompanied by full payment of the registered workshop(s). 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 full payment of the registered workshop(s).**

**Prices are subject to change without notice.** Fees for workshops do not include required course materials or applicable taxes.

**The registered workshop payment is non-transferable and non-refundable.**

WORKSHOP NAME (see workshop schedule)

COURSE OR WORKSHOP START DATE REQUESTED (see workshop schedule)

### EDUCATION

Please list related degrees and certificate courses (i.e. ACE, AFAA, PMA, etc) and/or submit a resume:

Describe anatomy education:

College / University Course (i.e. musculoskeletal, anatomy, biomechanics).	Workshop	Other

### EXPERIENCE

Please list your teaching experience (describe subject taught / years teaching):

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

Please list your Pilates experience (describe when & where, indicate STOTT PILATES® or other):

none	1- 10 hours	10 - 30 hours	30+ hours

### PERSONAL INFORMATION

Do you have any injuries, conditions (including current or 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® and STOTT PILATES® Education?

How do you plan to use your STOTT PILATES® Certification?

Are you using this course to fulfill continuing education credits?

Yes	No	If Yes, for which organization

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Toll Free: Phone 877-518-4659 and Fax 877-518-4659 or Mobile 619-518-4659 E: [chau@pilatessouthtexas.com](mailto:chau@pilatessouthtexas.com)

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I hereby certify that the information provided on this application is accurate.  
I understand that failure to provide accurate information may result in my removal from the certification and/or workshop program.

**I, STOTT PILATES® Certification Course Applicant have included the following:**

**Two letters of reference** (require for first-time submission with Pilates South Texas)  
(Letters should reflect course prerequisites, your teaching abilities and character)

**\$200 non-transferable and non-refundable deposit**

**I, STOTT PILATES® Workshop Applicant, have included the following:**

**Full payment (Workshop), non-transferable and non-refundable of the registered workshop(s)**

*Applications that do not include the above requirements will not be processed.*

**Signature:**

**Date:**

**PAYMENT METHOD**

Select one:

deposit only      full payment

Enter total payment:

payment amount

Select one:

Check, ,      Check #      money order  
(Check payable to Center Pose, Inc.)

Visa      MasterCard

**Account Number:**

**Expiration Date:**

**CVC Code:**

**Name on Card:**

**Signature:**

(I authorize Center Pose, Inc. to sign on my behalf)

**Date:**

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