



EDUCATION APPLICATION

SUBMIT your application to: **Center Pose, Inc. d/b/a Pilates South Texas**, 1934 West Gray, Suite 211, Houston, Texas 77019
T: 1.888.838.3664, ext. 2 F: 1.858.429.5868 **E-mail:** info@pilatessouthtexas.com **Website:** http://www.pilatessouthtexas.com

CONTACT INFORMATION

First Name: _____ **Last Name:** _____

Mailing Address: _____ **Country:** _____

Phone: _____ **E-Mail:** _____

EDUCATION REGISTRATION POLICIES

REFUND & TRANSFER POLICIES FOR ALL EDUCATION: The Application Fee (AF) is non-transferable and non-refundable. Prices are subject to change. Refund(s) in the amount paid less the (AF) of \$25.00. Refund(s) will be issued within 30 days. Education credit may be applied for any services and/or products with PST. Transfer of education credit is valid up to Six Months from date of the Original application submission.

KINETIC CHAIN® Education (Check www.pilatessouthtexas.com or Contact Pilates South Texas for Education Descriptions & Dates)

KINETIC CHAIN® Training	KINETIC CHAIN® Suspension	KINETIC CHAIN® Sports Motion
_____ Part A: Anatomy for Movements (7 hrs) Total: \$375.00* <u>Prerequisites:</u> None Date: _____	_____ C.O. R. E. Principles & Workout (5 hrs) Total: \$250.00* <u>Recommendations:</u> Part A & B Date: _____	_____ C.O.R.E. Principles & Workout (5 hrs) Total: \$250.00* <u>Recommendations:</u> Part A & B Date: _____
_____ Part B: C.O.R.E. Principles & Movements (7 hrs) Total: \$375.00* <u>Prerequisites:</u> Part A Date: _____		
_____ Part A & B: Anatomy & C.O.R.E. (14 hrs) Total: \$600.00* <u>Prerequisites:</u> None Date: _____		
_____ Part C: KINETIC CHAIN® Training in Motion App Total: Monthly Subscription <u>Recommendations:</u> Part A & B Date: _____		

* Required education materials are included. Recommended supplementary materials (manuals, DVDs, small equipment and props) are available for purchase with PST.

REGISTRATION CONFIRMATION

I am registering for the Education that I checked above. Signature: _____ Date: _____

EDUCATION

Degrees & Certificates (i.e. Dance, Kinesiology, Physical Therapy, GYROTONIC®, GYROKINESIS®, MELT Method®, Yoga, ACE, AFAA, NASM, PMA) or submit Resume:

Degree(s): _____

Certificate(s): _____

ADDITIONAL INFORMATION

Physical participation is required. Any physical concerns acquired during the education that impede physical participant will not exempt student from completing all required hours.
- List any injuries, conditions or postural concerns that I know may limit my performances during the education (Medical clearance may be required).

How I heard about the education at **Pilates South Texas**:

Referral Name(s): _____ or _____ Pilates South Texas Website or _____ Social Media: _____

PAYMENT INFORMATION

Amount: _____ ♦ _____ Check (Check payable to **Center Pose, Inc.**); ♦ _____ Visa; ♦ _____ MasterCard; ♦ _____ American Express

Credit Card #: _____; **Expiration Date:** _____; **CVC Code:** _____

Credit Card Name: _____ **Signature:** _____ **Date:** _____

(I authorize **Center Pose, Inc., d/b/a Pilates South Texas** to charge the above Credit Card for the payment indicated above)