

## Matwork Teacher Training Course Enrolment Form

Please reserve a place for me on the above course, start date as specified. I understand that a total fee of £3,395.00 (£3,100.00 for the Advance Payment option, which must be paid and cleared at least six weeks before my course start date) is payable in instalments, as advised in the Schedule of Fees; that a £250.00 Registration Fee is payable immediately upon confirmation of a place; and that my place is not secured until this is paid. In the event that I cancel my place after payment of the Registration Fee, I accept that the sum of £150.00 shall be deducted from the refund of the Fee to cover administration costs. If I commence a course at a later date this deduction will be credited against my first tuition fee payment. I accept the Terms and Conditions stated in the Schedule of Fees.

MR     MRS     MS

NAME ..... TEL (DAY) .....

ADDRESS ..... MOBILE .....

..... EMAIL .....

..... DATE OF BIRTH .....

POST CODE ..... START DATE OF COURSE .....

Do you currently attend classes with a Body Control Pilates teacher? If so, with whom and for how long?

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Please give details of any other Pilates experience:

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Do you hold a Level 3 qualification on the Register of Exercise Professionals? If yes, please give your membership number:

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Please turn over to complete the section overleaf

Please tick here if you wish to take advantage of the Advance Payment option

Please give details of other qualifications or relevant experience:

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Please list any injuries or health problems (particularly related to neck, back and spine) that you currently have, or have had, which may affect your physical ability to complete the course successfully:

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What is your main reason for training to be a Body Control Pilates teacher?

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Do you have any other comments?

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How did you first hear about the Body Control Pilates training courses?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Body Control Pilates website  | <input type="checkbox"/> Internet search engine | <input type="checkbox"/> Your (Body Control) Pilates teacher |
| <input type="checkbox"/> From a friend / word of mouth | <input type="checkbox"/> Advertisement          | <input type="checkbox"/> Other                               |

SIGNED IN AGREEMENT ..... DATE .....

Please return your completed and signed form to:

**Body Control Pilates Education Ltd**  
35 Little Russell Street, London WC1A 2HH

**or fax to: +44 (0)20 7636 8898**  
All information will be treated in the strictest of confidence.