

## Matwork Conversion Course Enrolment Form

Please reserve a place for me on the above Body Control Pilates course, start date as specified. I understand that a total fee of £1,495.00 (£1,275 for the Advance Payment option) is payable, 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 reservation after payment of the Registration Fee, I accept that the sum of £150.00 will be deducted from the refund of the Registration Fee to cover administration. If I commence a Matwork Conversion Course at a later date, this deduction will be credited against my first tuition fee payment. I accept the Conditions stated in the Schedule of Fees.

MR     MRS     MS

NAME ..... MOBILE .....

ADDRESS ..... HOME (IF DIFFERENT) .....

..... EMAIL .....

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

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

Please give details of your Pilates qualification:

.....  
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Please give details of your year of qualification:

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Please give details of your other Pilates Qualifications:

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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

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

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What is your main reason for applying for this Conversion Course?

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Have you attended any Body Control Pilates courses, workshops or classes? (If yes, please give brief details)

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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 Centre**  
35 Little Russell Street, London WC1A 2HH

**or email to [sarah.bargeron@bodycontrol.co.uk](mailto:sarah.bargeron@bodycontrol.co.uk)**  
All information will be treated in the strictest of confidence.